# Wade-Taxter, Megan (ISDH)

From: Reynolds, Anne

**Sent:** Tuesday, August 14, 2018 11:34 AM

**To:** Humbarger, Cathie

Cc: Foster, Matthew; Sautbine, Hilari A

Subject:RE: records requestAttachments:TP Reports May 2018.pdf

## Hi Cathie,

I reviewed the document previously provided and found that some records had not been filed by the time your request was completed. Attached is a new file with all terminations reported as having occurred during the month of May 2018.

Please let me know if you have any questions or concerns.

Thank you,

### ANNE REYNOLDS, MPH

Vital Records Epidemiologist

Vital Records
Indiana State Department of Health
317.234.0280 office
317.233.1289 fax
AReynolds1@isdh.IN.gov
www.StateHealth.in.gov









### Confidentiality Statement:

This message and any attachments may be confidential. If you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.

From: Cathie Humbarger [mailto:cathie.humbarger@ichooselife.org]

**Sent:** Friday, August 10, 2018 2:39 PM

To: Sautbine, Hilari A <HSautbine@isdh.IN.gov>; Reynolds, Anne <AReynolds1@isdh.IN.gov>

Cc: Foster, Matthew < MFoster@isdh.IN.gov>

Subject: FW: records request

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

Greetings,

We have carefully reviewed the records we received responsive to our request below for termination of pregnancy reports submitted from May 1, 2018 through May 31, 2018. It is our belief that we are missing documents from the Bloomington Planned Parenthood abortion facility for the weeks of May 21, 2018 and May 28, 2018, specifically the dates of May 24, 2018 and May 31, 2018. We searched the records we received responsive to our request for termination of pregnancy reports for June 1, 2018 through June, 30, 2018, and did not find the missing May reports with those documents.

Would you review your documents to see if you had records submitted for the dates in question?

Thank you. Cathie Humbarger

# Cathie Humbarger

Indiana Right to Life
Vice Pres. of Policy Enforcement
Allen County Right to Life & Three Rivers Educational Trust Fund
Executive Director
2126 Inwood Drive
Fort Wayne, IN 46815
260-471-1849

Follow Us: www.ichooselife.org

# Because Every Life Matters!

**From:** Cathie Humbarger [mailto:cathie.humbarger@ichooselife.org]

Sent: Friday, June 01, 2018 7:46 PM

To: <a href="mailto:bcarnes@isdh.in.gov">bcarnes@isdh.in.gov</a>
Subject: records request



Brian Carnes Vital Records Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

Dear Mr. Carnes,

Thank you so much for your quick response to our past requests for public records.

I am requesting copies of the original termination of pregnancy reports as submitted by the abortionists for terminations in Indiana from May 1, 2018 through May 31, 2018. It is my understanding that SEA 404 amended the Indiana Code to require that all abortions performed in Indiana be reported within 30 days (IC 16-34-2-5(b)). I understand that reports will be provided on discs or electronically. Please send the discs to the address below or e-mail to <a href="mailto:cathie.humbarger@ichooselife.org">cathie.humbarger@ichooselife.org</a>.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to:

Cathie Humbarger, VP Indiana Right to Life 2126 Inwood Drive Fort Wayne, IN 46815

Sincerely.

Vice President of Policy Enforcement

Indiana Right to Life

Carlie Tumbarger

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or		ncy termination	County of pregnancy termination  MARION					
Patient's age** Married Date of pregr	nancy termination	Educat	tion						
	05/02/2018	Educal		Some College, No Degree					
Race American Indian or Alaska Native Asian	☐ Black or Afric	an American							
Native Hawaiian or Other Pacific Islander  ■ White  Live Births:  Number now living	Other		Unknown Number now deceased Unknown Unknown						
Other Terminations: Number of spontaneous terminations	3		Number of induced terminations						
Dates of terminations (Do not include this termination. If more	than six (6), those m	ost recent.)		1					
1. <b>2016</b> 2. 3.		4	5	6.					
Fetus delivered alive?  Yes No  If yes, length of time fetus surviv	ved:			Complication(s) of Pregnancy Termination					
			■ N	None Uterine Perforation					
Fetus viable? If viable, medical reason for term	nination:		D	Hemorrhage					
☐ Yes ■ No		I	nfection Retained Products						
				Other (Specify)					
Pathological examination If yes, results:									
performed?    Yes   No   Did this termination of pregnancy result in a maternal definition of pregnancy result									
	☐ Yes								
	Type of Termi	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Pregnancy					
Medical (Nonsurgical) Mifepristone		Medical (Nonsurgical) Mifepristone							
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction Curettage			(Surgical) Sucti						
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspiration c (Specify)					
(4.7.4.37)			(1.1.8.1.7.1.1	(-1					
For Medical (Surgical) procedures, answer the following question		For Medical (	Cursical) mused	lynna anguar tha fallowing question					
		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks'?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ing questions.	If the previou	s question was a	nswered yes, complete the following questions.					
Was the fetus given the best opportunity to survive?		Was the fetu	as given the best	opportunity to survive?					
☐ Yes ☐ No			es □ No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairme.				mination that the pregnant woman had a conditior o avert death or serious impairment to the pregnar					
woman?	nt to the pregnant	woman?	i ine procedure t	o avert death of serious impairment to the pregnar					
		<u> </u>							
Date last normal menses began	Physician estimat	-	n weeks)	Post fertilization age of the fetus (in weeks)					
02/24/2018  How were the gestational age and post fertilization age determine	ned?	9		7					
ULTRASOUND									
Full name of physician performing termination DR. CASANDRA CASHMAN									
Address of physician performing termination (number and stree	et, city, state, and zin	code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	1								
**Date Reported to DCS, if Patient under 16 (month, day	, year):								
DATE RECEIVED BY ISDH (month, day, year):	/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	own, of pregna	ncy termination		of pregnancy termination MARION					
36	ancy termination 05/02/2018	Educa			rofessional Degre	e			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	Black or Africa	an American	Unknown	■ Not H	nic or Latino ispanic or Latino	Unknown			
Live Births: Number now living 3			Number now deceased 0						
Other Terminations: Number of spontaneous terminations 0			Number of in	duced termin	0				
Dates of terminations (Do not include this termination. If more the second seco	han six (6), those mo	ost recent.)	5.		6.				
Fetus delivered alive? If yes, length of time fetus survive	ed:	**************************************		Complica	tion(s) of Pregnancy	Termination			
☐ Yes ■ No			•	None	☐ Uterine	e Perforation			
				Hemorrhage	☐ Cervic	al Laceration			
Fetus viable? If viable, medical reason for term	ination:			Infection	☐ Retain	ed Products			
				Other (Speci	fv)				
Pathological examination If yes, results:				outer (speed	137				
performed?									
Yes No Did this termination of pregnancy result in a maternal death									
	Type of Termin	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that To	erminated Pre	gnancy				
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical)	Mifepristone					
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		fv)				
Medical (Noticinal great)			(Tronsargrear)	Other (Specis	<i>))</i>				
			(G : 1) G	·					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Suc (Surgical) Me	nstrual Aspira	e ation				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	er (Specify)					
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	(Surgical) proce	edures, answe	er the following ques	tion.			
Was the fetus viable or have a post fertilization age at least 20 ⋅ ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes	s, complete the follow	ving questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bear	st opportunity	to survive?				
What was the basis for determination that the pregnant woman					at the pregnant wom				
that required the procedure to avert death or serious impairmen woman?	t to the pregnant	that require woman?	d the procedure	to avert deat	h or serious impairm	ent to the pregnant			
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fert	tilization age of the f	etus (in weeks)			
03/15/2018		7			5				
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	ed?								
Full name of physician performing termination DR. CASANDRA CASHMAN									
Address of physician performing termination (number and street 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	t, city, state, and zip	code)							
**Date Reported to DCS, if Patient under 16 (month, day,	•								
DATE RECEIVED BY ISDH (month, day, year): 05/02/2	2018								

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Facility Name and A PPIN-GEORGETOWN OR		GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46	City 0	or town, of pregn	ancy ter		County of pregnancy termination MARION				
Dadiana () steate	1		Detail			-4:-						
Patient's age** 35	Married	Yes • No	Date of pregnancy 05/0	termination <b>2/2018</b>	Educa	ation	High Scho	ool Diploma or GED				
Race American Indiar Native Hawaiiar Live Births:	or Other P		☐ Asian ☐ White ☐	Black or Afr Other	rican American			y anic or Latino Hispanic or Latino				
Other Termination	Num	ber of spontaneou	us terminations 0			Numb	Tumber of induced terminations					
Dates of termination	ns (Do not in		ation. If more than s					•				
Fetus delivered alive			me fetus survived:		4		Complie	cation(s) of Pregnancy Termination  Uterine Perforation				
								_				
Fetus viable?		If viable, medical	reason for terminati	on:			Hemorrhag  Infection	Cervical Laceration  Retained Products				
							Other (Spec	cify)				
Pathological examin performed?	nation 1	If yes, results:										
☐ Yes ■	No						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?				
				_								
				Type of Terr	mination Procedu							
Procedure that Term	ninated Preg	nancy			Additional P	rocedur	e that Terminated P	regnancy				
Medical (Nonst			☐ Medica	<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>								
Medical (Surgion Medical (Surgio	cal) Menstr	ual Aspiration			☐ Medica	(Surgic	cal) Suction Curetta cal) Menstrual Aspi cal) Other (Specify)	ration				
For Medical (Surgic	al) procedu	res, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab ☐ Yes [		post fertilization	age at least 20 week	cs?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was ans	swered yes, comp	lete the following qu	uestions.	If the previo	us quest	ion was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [		pportunity to surv	vive?			ietus given the best opportunity to survive?  Yes \sum No						
			regnant woman had ious impairment to t					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
Date last normal me	nses began	IOWN	Ph	ysician estim	nate of gestation (	in week.	s) Post fe	ertilization age of the fetus (in weeks)				
How were the gestat			on age determined?									
Full name of physic												
DR. CASANDRA C			mher and street city	v. state and	zin code)							
8590 GEORGETO	•	•		.,,								
**D . 5	, DCC ::	. D		,								
**Date Reported								-				
DATE RECEIVE	ED BY ISI	DH (month, day,	year):	-				_				

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PPIN-GEORGETOWN OR (P		S 8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46268	City or	town, of pregna	•			County of pregnancy termination MARION			
	Mar		Date of pregnancy term		Educa	tion		limb O-'	I Biolome on CED			
Race American Indian			= =	ck or Afric	can American			Ethnicity  Hispan	nic or Latino			
☐ Native Hawaiian o		Number now living	White Oth	er		_	known er now d		spanic or Latino Unknown			
Other Terminations	:	Number of spontaneou	s terminations			Numb	er of ind	uced termina				
		not include this termina	0 ntion. If more than six (6	(i), those m	nost recent.)				0			
1		2	3		4		5		6			
Fetus delivered alive?  Yes N	If yes, length of tir	ne fetus survived:		Complication(s) of Pregnancy Termination								
							• N	None	Uterine Perforation			
Fetus viable?		If viable, medical r	reason for termination:				☐ F	Hemorrhage	☐ Cervical Laceration			
☐ Yes ■ N	o						☐ I	Infection	☐ Retained Products			
								Other (Specif	fy)			
Pathological examination performed?  If yes, results:												
Yes ■ No  Did this termination of pregnancy result in a maternal death?  Yes ■ No												
Type of Termination Procedures												
Procedure that Termin	nated	Pregnancy		- 0. 101111	Additional Pr		that To-	minated Dra	gnancy			
		•							gnancy			
Medical (Nonsur     Medical (Nonsur	gical	) Misoprostol			■ Medical	(Nonsu	rgical) N	Mifepristone Misoprostol				
☐ Medical (Nonsur	gical	Other (Specify)			☐ Medical	(Nonsu	rgical) C	Other (Specif	ý)			
☐ Medical (Surgica		enstrual Aspiration						ion Curettage strual Aspira				
Medical (Surgica								r (Specify)				
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question.		For Medical (	Surgica	al) proced	) procedures, answer the following question.				
		ave a post fertilization a	age at least 20 weeks?					a post fertil	ization age at least 20 weeks?			
Yes If the previous question	_		ete the following question	ons.		es □ s questi	_	inswered yes	, complete the following questions.			
Was the fetus given ☐ Yes ☐	_	est opportunity to survi	ve?			ıs given Yes [		opportunity	to survive?			
	_		egnant woman had a co	ndition				mination the	at the pregnant woman had a condition			
			ous impairment to the p						h or serious impairment to the pregnant			
Data last norma-1	coc 1.	agan	Di'	an action	te of gostati / :	n macl	a)	Dogt for	ilization aga of the fetter (in weeks)			
Date last normal mens		egan 3/03/2018	Physici	an esuma	te of gestation (i	n weeks	))	rost tert	ilization age of the fetus (in weeks)  6			
How were the gestation	onal a	age and post fertilization	n age determined?					1				
	_					_						
Full name of physicia DR. CASANDRA CA	_	-										
= :	_	orming termination (num	nber and street, city, sta	te, and zij	code)							
JJJU JEONGETOW	. 14 K	CAD, INDIANAFULI										
**Date Reported to	o DC	S, if Patient under 1	6 (month, day, year): _									

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or t	own, of pregna	ncy termin	ation	Count	County of pregnancy termination MARION			
16	ancy termination 05/02/2018	Educa	tion		-12th, No	Diploma			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or Africa	an American	Unkno		Iispanic or l Vot Hispanic		Unknown		
Number of sportaneous terminations						0			
Other Terminations.		Number of induced terminations 0							
Dates of terminations (Do not include this termination. If more the life in th	ian six (0), those mo	981 recent.) 4		5		6			
Fetus delivered alive? If yes, length of time fetus survive	ed:			Com	nplication(s	) of Pregnancy	Termination		
☐ Yes ■ No				■ None		☐ Uterine	e Perforation		
				☐ Hemorr	rhage	☐ Cervic	al Laceration		
Fetus viable? If viable, medical reason for terms  Yes No	ination:			☐ Infection	on	☐ Retain	ed Products		
				— □ Other (:	Specify)				
Pathological examination If yes, results:				outer (i	эрссіду)				
performed?									
Yes No Did this termination of pregnancy result in a maternal dea									
	Type of Termin	nation Procedu	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	at Terminate	ed Pregnanc	y			
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgic	cal) Mifepris	stone	•			
☐ Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgic	cal) Misopro	ostol				
Medical (Nonsurgical) Other (Specify)		Wiedicai	(Nonsurgic	car) Other (S	<i>specijy)</i>				
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration				Suction Cur Menstrual A					
Medical (Surgical) Other (Specify)				Other (Spec					
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) p	procedures, a	inswer the f	following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question	was answere	ed yes, com	plete the follow	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No		Was the fett	us given the		tunity to sur	rvive?			
What was the basis for determination that the pregnant woman							an had a condition		
that required the procedure to avert death or serious impairmen woman?	t to the pregnant	that required woman?	d the proce	dure to avert	t death or se	erious impairm	nent to the pregnant		
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Pos	st fertilizati	on age of the f	etus (in weeks)		
UNKNOWN		7		10.		5	, at weeks		
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	ed?								
Full name of physician performing termination DR. CASANDRA CASHMAN									
Address of physician performing termination (number and street,	, city, state, and zip	code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year):	2018								

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) -	8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	wn, of pregna	•		County of pregnancy termination MARION					
Patient's age**	M	:_1	Date of pregnancy term	ination	Educat	tion							
28	Marr	Yes No	05/02/201		Edded	tion	Bach	elor's Degree					
Race American Indian Native Hawaiian Live Births:	or Oth		☐ Asian ☐ Blac ☐ Othe	k or Africar er	n American			y anic or Latino Hispanic or Latino					
Other Termination	ıs:	Number of spontaneou	us terminations 0			Numb	fumber of induced terminations						
Dates of termination	is (Do r		ation. If more than six (6,	), those mos	st recent.)			·					
Fetus delivered alive			me fetus survived:	4.			Complie  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration					
Fetus viable?								Retained Products					
Pathological examin performed?		If yes, results:					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			Туре	of Termina	ation Procedur	res							
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy					
Medical (Nonst	ırgical)				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgion Medical (Surgio	cal) Me	enstrual Aspiration			☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi al) Other (Specify)	ration					
For Medical (Surgic	al) prod	cedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.					
Was the fetus viab ☐ Yes [		ave a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous quest	ion wa	s answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.					
Was the fetus give ☐ Yes [		est opportunity to surv	vive?			us giver Yes [	en the best opportunity to survive?						
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition atth or serious impairment to the pregnant					
Date last normal me	nses ba	egan	Physicia	n estimate	of gestation (i	n wook	post fo	ertilization age of the fetus (in weeks)					
	03	3/06/2018	•	commate	9	WEEKS	1 051 10	7					
How were the gestat	ional a	ge and post fertilization	on age determined?										
Full name of physicion	CASHI	<b>MAN</b>											
		rming termination (nu	mber and street, city, stat IS, IN 46268	e, and zip c	rode)								
this D. D		G (CD )											
•		S, if Patient under 1  ISDH (month, day,	16 (month, day, year): year):					_					

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462	City or town, of pre	gnancy terminatio	n	County of pregnancy termination  MARION					
Patient's age** Married Date of pregnancy	termination Ed	ucation							
_	2/2018	ucution	Assoc	iate Degree					
	Black or African America Other	n Unknown		ic or Latino spanic or Latino					
Live Births: Number now living 0			Number now deceased 0						
Other Terminations: Number of spontaneous terminations		Number of in	duced termina	ations 1					
Dates of terminations (Do not include this termination. If more than st	ix (6), those most recent.)	5.		· 6					
Fetus delivered alive? If yes, length of time fetus survived:			Complica	tion(s) of Pregnancy Termination					
☐ Yes ■ No		•	None	☐ Uterine Perforation					
Establish and in large for termination			Hemorrhage	☐ Cervical Laceration					
Fetus viable? If viable, medical reason for termination Yes No	on:		Infection	☐ Retained Products					
			Other (Specif	Sy)					
Pathological examination If yes, results:									
performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal death									
				i or pregnancy result in a maternal death?					
5	Гуре of Termination Proc	edures							
Procedure that Terminated Pregnancy	Additiona	l Procedure that T	erminated Pres	gnancy					
Medical (Nonsurgical) Mifepristone		cal (Nonsurgical)							
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		cal (Nonsurgical) cal (Nonsurgical)		v)					
		( 8 ,	(-1).	,,					
Medical (Currical) Systian Curattons		cal (Surgical) Suc	otion Cumotto ac						
	☐ Med	cal (Surgical) Me	nstrual Aspira	tion					
Medical (Surgical) Other (Specify)	∐ Med	cal (Surgical) Oth	ier ( <i>Specify</i> )						
For Medical (Surgical) procedures, answer the following question.	For Medi	cal (Surgical) proc	edures, answer	r the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks ☐ Yes ☐ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following que	estions. If the pre-	ious question was	answered yes	, complete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		fetus given the be	st opportunity	to survive?					
What was the basis for determination that the pregnant woman had a	a condition What w	as the basis for det	ermination tha	at the pregnant woman had a condition					
that required the procedure to avert death or serious impairment to the woman?	ne pregnant that requirement woman		e to avert death	n or serious impairment to the pregnant					
	, shan								
Date last normal menses began Phy	vsician estimate of gestation	n (in weeks)	Post fert	ilization age of the fetus (in weeks)					
03/06/2018	8	( // 00/10)	1 050 1010	6					
How were the gestational age and post fertilization age determined?  ULTRASOUND									
Full name of physician performing termination DR. CASANDRA CASHMAN									
Address of physician performing termination (number and street, city,	state, and zip code)								
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DCS, if Patient under 16 (month, day, year,	):								
DATE RECEIVED BY ISDH (month, day, year): 05/02/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add		590 GEORGETOWN ROAL	D, INDIANAPOLIS,	IN, 46268	City or t	r town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 30	Marri	ed ■ Yes □ No	Date of pregn	ancy term 05/02/20		Educa	ntion			Jnknown		
Race American Indian or			Asian	=		an American				nic or Latino		
Native Hawaiian or Live Births:		Number now living	White	Othe	ег			nknown ber now de		Hispanic or Latino	Unknown	
Other Terminations:	ı	Number of spontaneou	on terminations				Numl	ber of indu	uced termin			
Dates of terminations (		ot include this termin	0 ation. If more t	han six (6	), those mo	ost recent.)				0		
1		2	3			4		5				
Fetus delivered alive?  Yes No		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination	
				■ N	None	☐ Uteri	ne Perforation					
Fetus viable?		If viable, medical	reason for term	ination:				- H	Hemorrhage	e	ical Laceration	
☐ Yes ■ No	)							☐ Iı	nfection	☐ Retai	ned Products	
									Other (Spec	cify)		
Pathological examination performed? If yes, results:												
Yes No Did this termination of pregnancy result in a maternal deal									ılt in a maternal death?			
								☐ Yes	s 🔳 No	)		
Type of Termination Procedures												
Dunga da esta de esta	o4=.1.1	Dun am am e		1 ype	oi termii			o th-t T	min et e 1 P			
Procedure that Termina						Additional P						
☐ Medical (Nonsurg☐ Medical (Nonsurg						☐ Medical	(Nonsu	rgical) M	lifepriston lisoprostol			
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonst	ırgical) O	ther (Spec	ify)		
Medical (Surgical Medical (Surgical						☐ Medical	(Surgio	cal) Suction	on Curettag strual Aspir	ge		
Medical (Surgical)						☐ Medical	(Surgio	cal) Other	(Specify)	atton		
For Medical (Surgical)	) proc	edures, answer the fol	llowing questic	on.		For Medical	(Surgic	al) proced	ures, answ	er the following que	estion.	
Was the fetus viable o ☐ Yes ■		ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question		answered yes, compl	ete the following	ng questic	ons.	_			nswered ye	es, complete the foll	owing questions.	
Was the fetus given t		est opportunity to surv	ive?				us give Yes [		opportunit	y to survive?		
		ermination that the pr	roanont woman	had a aar	adition				mination tl	not the prognent we	man had a condition	
that required the proc		e to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
Date last normal mense	ec ha	ran		Physical	an actimate	e of gestation (	in wast.	e)	Doct for	rtilization age of the	fetus (in waaks)	
	03	/02/2018			an cstiiiialt	8 or gestation (	week 		1 OSt 16	filization age of the	. iotus (iii weeks)	
How were the gestation	nal ag	ge and post fertilization	n age determin	ed?								
ULTRASOUND												
Full name of physician	n perf	orming termination										
DR. CASANDRA CA	SHN	IAN										
Address of physician p 8590 GEORGETOWN		-		t, city, sta	te, and zip	code)						
**Date Reported to	DCS	S, if Patient under 1	6 (month, day,	year):						-		
DATE RECEIVED	BY	ISDH (month, day,	year):05/02/	2018						_		

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Facility Name and A		S - 8590 GEORGETOWN ROAD	), INDIANAPOLIS,	IN, 46268	City or t	or town, of pregnancy termination  INDIANAPOLIS				County of pregnancy termination  MARION			
Patient's age**	Mar	ried Yes • No	Date of pregn	nancy term 05/02/201		Educa	tion		Asso	ociate Degree			
Race American India	n or A		Asian			an American			Ethnicity				
☐ Native Hawaiiai	n or O	her Pacific Islander Number now living	White	Othe	r		Unkn Number			Hispanic or Latino	Unknown		
Other Termination	ns:	Number of spontaneou	s terminations				Number	of indu	ced termin	nations 2			
	ns (Do	not include this termino				*							
1. 11/02/2015  Fetus delivered alive	e?	2. <b>02/16/2016</b> If yes, length of tir				4	cy Termination						
☐ Yes ■		y,g				■ None □ □					ne Perforation		
Fetus viable?		If viable medical	vaccon for town	ination.				□ н	emorrhage	e	ical Laceration		
Fetus viable?  Yes No  If viable, medical reason for termination:								☐ In	nfection	☐ Retai	ined Products		
								□ o	ther (Spec	rify)			
Pathological examir performed?	nation	If yes, results:											
☐ Yes ■ No								Did this Yes			alt in a maternal death?		
							•						
				Туре	of Termi	nation Procedu	res						
Procedure that Term	ninated	Pregnancy				Additional Pr	rocedure tl	hat Tern	ninated Pr	egnancy			
Medical (Nons) Medical (Nons)							(Nonsurg						
Medical (Nons	urgica	Other (Specify)				☐ Medical	(Nonsurg	ical) Ot	ther (Spec	ify)			
Medical (Surgi	cal) N	uction Curettage  Ienstrual Aspiration				☐ Medical	(Surgical)	) Menst	trual Aspii				
Medical (Surgi	cal) C	ther (Specify)				Medical	(Surgical)	) Other	(Specify)				
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgical)	procedi	ires answ	er the following que	 estion		
Was the fetus viab	ole or h	ave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes							Yes						
		as answered yes, compl		ng questio	ns.		_		-	es, complete the foll	owing questions.		
Was the fetus give		pest opportunity to surv	ive?			Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No							
		etermination that the pr									man had a condition ment to the pregnant		
woman?	10000	io to a voit doubt of soil	ouopu	it to the pr	og	woman?	a are proc	oduro to	, a vert dea	or sorrous impun	ment to the pregnant		
Date last normal me	enses h	egan		Physicia	ın estimat	e of gestation (	in weeks)		Post fe	rtilization age of the	e fetus (in weeks)		
	ι	NKNOWN	n aga 4-4 '			8	100/			6	(		
How were the gestar ULTRASOUND	uonal	age and post fertilization	n age determin	iea !									
Full name of physic DR. CASANDRA (	_	forming termination  MAN											
	_	orming termination (num		t, city, stat	e, and zip	code)							
SUCCESSION OF THE PROPERTY OF		, indicated out	-, 70£00										
**Do4- D 1	to D	CC if Dotions 1 1	6 ( 4 1										
_		CS, if Patient under 1  Y ISDH (month, day, y								-			
DATE RECEIVE	ւր Ա	i isun (month, day, )	year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City O	town, of pregnancy terminat	ion County of pregnancy termination  MARION						
Patient's age**  Married  25  Married  Yes  No  Date of pregnancy termination  05/02/2018	Education	Bachelor's Degree						
Race American Indian or Alaska Native Asian Black or Afr	can American	Ethnicity  Hispanic or Latino						
Native Hawaiian or Other Pacific Islander  ■ White □ Other  Live Births:	Unknow Number no	w deceased						
Other Terminations: Number of spontaneous terminations	Number of	0 induced terminations						
Dates of terminations (Do not include this termination. If more than six (6), those n	nost recent.)	0						
1	,							
Fetus delivered alive?  If yes, length of time fetus survived:		Complication(s) of Pregnancy Termination						
		None Uterine Perforation						
Fetus viable? If viable, medical reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No		Infection Retained Products						
		Other (Specify)						
Pathological examination performed?								
Yes No Did this termination of pregnancy result in a maternal death								
☐ Yes ■ No								
Type of Termination Procedures								
Procedure that Terminated Pregnancy	Additional Procedure that	Terminated Pregnancy						
Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol	Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol						
Medical (Nonsurgical) Other (Specify)	Medical (Nonsurgica	1) Other (Specify)						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration	☐ Medical (Surgical) S☐ Medical (Surgical) N	Ienstrual Aspiration						
Medical (Surgical) Other (Specify)	Medical (Surgical) C	Other (Specify)						
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) pro	ocedures, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No	Was the fetus viable or h	have a post fertilization age at least 20 weeks?						
If the previous question was answered yes, complete the following questions.	If the previous question w	as answered yes, complete the following questions.						
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No	Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?						
What was the basis for determination that the pregnant woman had a condition	What was the basis for d	etermination that the pregnant woman had a condition						
that required the procedure to avert death or serious impairment to the pregnant woman?		are to avert death or serious impairment to the pregnant						
Date last normal menses began Physician estima	te of gestation (in weeks)	Post fertilization age of the fetus (in weeks)						
03/01/2018	9	7						
How were the gestational age and post fertilization age determined?  ULTRASOUND								
Full name of physician performing termination								
DR. CASANDRA CASHMAN  Address of physician performing termination (number and street, city, state, and zo	p code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	· ·							
**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year):  05/02/2018		<del></del>						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PPIN-GEORGETOWN OR (PPG		D, INDIANAPOLIS, IN, 46268	City or to	or town, of pregnancy termination  INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** M	arried □ Yes ■ No	Date of pregnancy tern <b>05/02/20</b>		Educa	tion		Rache	elor's Degree			
Race American Indian or		☐ Asian ☐ Blac	ck or African	American			Ethnicity	nic or Latino			
☐ Native Hawaiian or ©	Other Pacific Islander Number now living	■ White ☐ Oth	er			known er now de		ispanic or Latino	Unknown		
Other Terminations:	Number of spontaneo	us terminations			Numb	per of indu	aced termin				
	o not include this termin	0 nation. If more than six (6	), those mos	t recent.)				0			
1		3	4.			5					
Fetus delivered alive?  Yes No	If yes, length of ti	ime fetus survived:							f Pregnancy Termination		
						■ N			ne Perforation		
Fetus viable?	If viable, medical	reason for termination:					Iemorrhage	_	cal Laceration		
☐ Yes ■ No						☐ Infection ☐ Retained Products					
Data to the state of	TC L						Other (Spec	ify)			
Pathological examination performed? If yes, results:											
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death ☐ Yes ■ No									lt in a maternal death?		
		Тур	e of Termina	tion Procedu	res						
Procedure that Terminat	ed Pregnancy			Additional Pr	ocedure	e that Terr	minated Pro	egnancy			
Medical (Nonsurgio				☐ Medical	(Nonsu	rgical) M	lifepristone	•			
☐ Medical (Nonsurgio				<ul><li>Medical</li><li>Medical</li></ul>	(Nonsu (Nonsu	rgical) M rgical) O	Iisoprostol ther ( <i>Speci</i>	fy)			
Medical (Surgical)				☐ Medical	(Surgic	al) Suction	on Curettag	ge			
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)			<ul><li>☐ Medical</li><li>☐ Medical</li></ul>	(Surgic	al) Mens	trual Aspir (Specify)	ation			
For Medical (Surgical) p	procedures, answer the fo	ollowing question.		For Medical	Surgica	al) proced	ures, answe	er the following que	stion.		
	have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes Yes		age at reast 20 weeks.			Yes [		u post rere	nearon age at reast	zo weens.		
If the previous question	was answered yes, comp	elete the following question	ons.	If the previou	ıs questi	ion was aı	nswered ye	s, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	vive?			us giver Yes [		opportunity	y to survive?			
		ragnant woman had a gov	ndition	_			mination th	at the pregnant won	on had a condition		
that required the proce		regnant woman had a corrious impairment to the p		that require					nent to the pregnant		
woman?				woman?							
Date last normal menses	began	Physici	an estimate o	of gestation (	in week	5)	Post fer	tilization age of the	fetus (in weeks)		
	03/10/2018		commune (	7 gestation (	,reen	-,	2 050 101	5	(www.mccno)		
How were the gestational	al age and post fertilization	on age determined?									
Full name of physician p	-										
DR. CASANDRA CAS Address of physician per		umber and street, city, sta	te, and zin c	ode)							
8590 GEORGETOWN	-		, unu Lip C								
**Data D ( 1 ) F	OCC :f D-4:	16 (									
-		16 (month, day, year): 05/02/2018									
DATE RECEIVED	BY ISDH (month, day,	year):						-			

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or to		ncy termination	C	County of pregnancy termination MARION				
Detiont's asa**	onovi tomoiti	Educa	tion						
	ancy termination 05/01/2018	Educa	поп	Some Colle	ege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	■ Black or Africa	<u> </u>							
Live Births: Number now living 2	Oulei		Number now deceased						
Other Terminations: Number of spontaneous terminations			Number of inc	Number of induced terminations					
Dates of terminations (Do not include this termination. If more th	nan six (6), those mo	st recent.)			0				
ı. <b>2012</b>	4	•	5	G 1' 4'	6				
Fetus delivered alive?  Yes No  If yes, length of time fetus survive	ed:			_	on(s) of Pregnancy				
				None	_	e Perforation			
Fetus viable? If viable, medical reason for termi	ination:			Hemorrhage	☐ Cervic	al Laceration			
☐ Yes ■ No				Infection	Retain	ed Products			
				Other (Specify	)				
Pathological examination performed?									
☐ Yes ■ No			Did thi		of pregnancy result	t in a maternal death?			
l l			<u> </u>						
	Type of Termin	ation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Pregr	nancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical) I						
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) ! (Nonsurgical) (		)				
			-						
☐ Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suct	ion Curettage					
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		Medical	(Surgical) Men (Surgical) Othe	strual Aspirati	on				
Medical (Surgical) Guiet (Specify)		Wedicar	(Surgical) Out	л (вресцу)					
E M F 1/G : D				1	4 6 11 '	<del></del>			
For Medical (Surgical) procedures, answer the following question					the following ques				
Was the fetus viable or have a post fertilization age at least 20 v  ☐ Yes ☐ No	weeks?		us viable or have Yes  \text{No}	e a post fertiliz	zation age at least 2	0 weeks?			
If the previous question was answered yes, complete the followin	ng questions.	If the previou	s question was a	answered yes,	complete the follow	wing questions.			
Was the fetus given the best opportunity to survive?			us given the bes	t opportunity t	o survive?				
☐ Yes ☐ No			Yes No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					the pregnant women or serious impairm	an had a condition ent to the pregnant			
woman?		woman?	•		•				
Date last normal menses began 02/28/2018	Physician estimate	of gestation (i	n weeks)	Post fertil	ization age of the f	etus (in weeks)			
How were the gestational age and post fertilization age determine	ed?								
ULTRASOUND									
Full name of physician performing termination  DR. CAITLIN BERNARD									
Address of physician performing termination (number and street,	, city, state, and zip o	code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year):	2018								

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•		County of pregnancy termination MARION			
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion					
35	Married ☐ Yes ■ No	05/01/201		Lauca		Bachelor's Degree				
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ■ Black ☐ White ☐ Othe		an American		known Not	y anic or Latino Hispanic or Latino □ Unknown			
Live Births:	Number now living	0		Number now deceased <b>0</b>						
Other Termination	Number of spontaneou	us terminations 0		Number of induced terminations 0						
Dates of termination	ns (Do not include this termin	•		ost recent.)		_				
Fetus delivered alive		me fetus survived:		4		5Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	, , ,					Uterine Perforation				
					ge Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	Retained Products			
	110					_	_			
Dath alocical avamin	action If was recoulted					Other (Spe	cify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No					Did this terminate  ☐ Yes	ion of pregnancy result in a maternal death?			
	<u> </u>									
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated P	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional)	cal) Suction Curettage			☐ Medical	(Surgical	al) Suction Curetta	nge			
Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgical	al) Menstrual Asp al) Other (Specify)	iration			
ivicultar (Surgi	car) Onici (specijy)			Wiedicar	(Surgice	ar) Onici (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.					wer the following question.			
Was the fetus viab ☐ Yes ☐	ble or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previous question was answered yes, complete the following questions.						
Was the fetus give	en the best opportunity to surv	rive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	s for determination that the p			What was tl	ne basis	for determination	that the pregnant woman had a condition			
that required the page woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pro	ocedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	=	Physicia	n estimate	e of gestation (i	n weeks	Post fo	ertilization age of the fetus (in weeks)			
How were the gestar	03/12/2018 tional age and post fertilization	on age determined?		10			8			
ULTRASOUND										
Full name of physic DR. CAITLIN BER	ian performing termination									
_	n performing termination (nu	mber and street, city, stat	e, and zip	code)						
	WN ROAD, INDIANAPOL	•								
-	to DCS, if Patient under 1						_			
DATE RECEIVE	ED BY ISDH (month, day,	year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		ROAD, INDIANAPOLIS, IN, 46268	City or town		ncy termin		County of pregnancy termination MARION			
Patient's age**	M: 1	Date of pregnancy ter	mination	Educa	tion					
21	Married ☐ Yes ■ N			Educa	поп	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islande Number now livin	r 🔳 White 🔲 Otl	ack or African A	American	Unkn Number		unic or Latino Hispanic or Latino Unknown			
Other Termination	Number of spontar	neous terminations			Number	of induced termin	nations 0			
Dates of termination	ns (Do not include this ter	mination. If more than six (	6), those most i	recent.)						
I		3	4			5	eation(s) of Pregnancy Termination			
Fetus delivered alive	, , ,	of time fetus survived:				Uterine Perforation				
					None					
Fetus viable?	,	ical reason for termination:				☐ Hemorrhage	_			
☐ Yes ■	No					☐ Infection	Retained Products			
						Other (Spec	ify)			
Pathological examin performed?	ation If yes, results:									
☐ Yes ■	No					Did this termination  Yes No	on of pregnancy result in a maternal death?			
					L		,			
		Туј	res							
Procedure that Term	ninated Pregnancy		A	dditional Pr	ocedure th	nat Terminated Pr	regnancy			
	urgical) Mifepristone		_			ical) Mifepriston				
	argical) Misoprostol argical) Other (Specify)					ical) Misoprostol ical) Other (Spec				
Medical (Surgional Control Contro	cal) Suction Curettage		_	7 Medical	(Surgical)	Suction Curetta	ge .			
☐ Medical (Surgio	cal) Menstrual Aspiration	1		Medical	(Surgical)	Menstrual Aspin				
Medical (Surgio	cal) Other (Specify)			_ Medicai	(Surgical)	Other (Specify)				
For Medical (Surgic	al) procedures, answer th	e following question.	Fo	or Medical (	(Surgical)	procedures, answ	er the following question.			
Was the fetus viab  ☐ Yes [		ion age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, co	omplete the following quest	ions. If	the previou	us question was answered yes, complete the following questions.					
Was the fetus give	n the best opportunity to	survive?		Was the feti	ıs given th	given the best opportunity to survive?				
Yes [		survivo.				No				
		ne pregnant woman had a co					hat the pregnant woman had a condition			
woman?	rocedure to avert death or	serious impairment to the		that required woman?	d the proce	edure to avert dea	th or serious impairment to the pregnant			
Date last normal me	nses began	Physic	eian estimate of	gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat	UNKNOWN	ration aga datarminad?		12			10			
ULTRASOUND	tional age and post fertiliz	auon age determined?								
Full name of physic	ian performing termination	n								
		(number and street, city, st	ate, and zip cod	de)						
8590 GEORGETO	WN ROAD, INDIANAP	OLIS, IN 46268								
distant.	D.GC 10=	16.								
_		er 16 ( <i>month</i> , <i>day</i> , <i>year</i> ): _					-			
DATE RECEIVE	ED BY ISDH (month, a	lay, year):					-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or t	own, of pregna	ncy terminatio	on	County of pregnancy termination MARION			
19 ☐ Yes ■ No 0	ancy termination 05/01/2018	Educa	tion		ol Diploma or GEI	)		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or Africa	an American	Unknown	■ Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:			0 Number of induced terminations					
Other Terminations: Number of spontaneous terminations 0		0						
Dates of terminations (Do not include this termination. If more th	an six (6), those mo	ost recent.)	5.		6.			
Fetus delivered alive? If yes, length of time fetus survive	ed:			Complica	ation(s) of Pregnancy	Termination		
☐ Yes ■ No				None	☐ Uterin	e Perforation		
				Hemorrhage	e 🔲 Cervic	al Laceration		
Fetus viable? If viable, medical reason for termi			Infection	☐ Retain	ed Products			
				Other (Spec	_			
Pathological examination If yes, results:				Outer (Speci	997			
performed?								
☐ Yes ■ No	Did this termination of pregnancy result in a maternal death  Yes No							
		, –						
	Type of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy	Additional Pr	ocedure that T	erminated Pro	egnancy				
☐ Medical (Nonsurgical) Mifepristone		_	(Nonsurgical)		•			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprostol				
Medical (Nonsurgical) Other (Spectyy)		Wiedicai	(Ivolisuigicai)	Other (Speci	<i>[y]</i>			
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Su (Surgical) Me					
Medical (Surgical) Other (Specify)			(Surgical) Ot					
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	(Surgical) prod	edures, answe	er the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followin	g questions.	If the previou	s question was	answered ye	s, complete the follo	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	est opportunity	y to survive?			
What was the basis for determination that the pregnant woman					at the pregnant wom			
that required the procedure to avert death or serious impairment woman?	t to the pregnant	that required woman?	d the procedur	e to avert dear	th or serious impairm	nent to the pregnant		
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	fetus (in weeks)		
02/07/2018		10		1 050 101	8	(iii (iiii)		
How were the gestational age and post fertilization age determine ULTRASOUND	ed?							
Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street,	, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year):	2018				-			

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or t	own, of pregna	ncy terminatio	n	County of pregnancy termination  MARION			
	ancy termination 05/01/2018	Educa			ol Diploma or GEI	)		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	☐ Black or Africa	an American	Unknown Number now	■ Not H	nic or Latino ispanic or Latino	Unknown		
Number of groundscape terminations			Number of in		0 ations			
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more the	an six (6) those me	nost recent )						
1 2 3	(0), those me	4	5.		6			
Fetus delivered alive? If yes, length of time fetus survive	ed:			Complica	ntion(s) of Pregnancy	Termination		
☐ Yes ■ No			■	None	☐ Uterin	e Perforation		
Fetus viable? If viable, medical reason for termi			Hemorrhage	☐ Cervic	al Laceration			
☐ Yes ■ No			Infection	☐ Retain	ed Products			
				Other (Speci	fy)			
Pathological examination If yes, results:								
performed?  Yes No		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
	Type of Termin	nation Procedui	res					
Procedure that Terminated Pregnancy	Additional Pr	ocedure that T	erminated Pre	egnancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical)					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suc	tion Curettag	e			
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		Medical	(Surgical) Me (Surgical) Oth	nstrual Aspira				
Medical (Surgical) Guiet (Specify)		Wiedicai	(Surgicar) Ou	iei (specijy)				
		- 1			1 0 11			
For Medical (Surgical) procedures, answer the following question					er the following ques			
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes	s, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive?		Was the fett	us given the be	st opportunity	to survive?			
☐ Yes ☐ No		_ Y	Yes No					
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					at the pregnant wom h or serious impairm			
woman?	t to the pregnant	woman?	a the procedure	to avert dear	ii or serious impuiri	ient to the pregnant		
Date last normal menses began 03/05/2018	Physician estimate	e of gestation (i	n weeks)	Post fer	tilization age of the f	fetus (in weeks)		
How were the gestational age and post fertilization age determine	ed?				•			
ULTRASOUND								
Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street,	, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year): 05/02/2	2018							

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Facility Name and A PPIN-GEORGETOWN OR (		OAD, INDIANAPOLIS, IN, 46268	City or town		ncy term		County of pregnancy termination MARION		
D-4: - 12 - 4:-5:		D-4 6		P.1	4:-				
Patient's age** 23	Married ☐ Yes ■ No	Date of pregnancy term 0 05/01/20		Educa	tion	High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	or Alaska Native or Other Pacific Islander Number now living	■ White □ Oth	ck or African A er	American	Unk		y anic or Latino Hispanic or Latino		
Other Termination	s: Number of spontan	eous terminations			Numbe	er of induced termi	nations 0		
Dates of termination		nination. If more than six (6		recent.)					
Fetus delivered alive	e? If yes, length o	f time fetus survived:	4			Complie  None	cation(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	cal reason for termination:				☐ Hemorrhag	Retained Products		
Pathological examina	ation If yes, results:					Other (Spec	cify)		
performed?						Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
		Тур	res						
Procedure that Term	inated Pregnancy		Ad	dditional Pr	ocedure	that Terminated Pr	regnancy		
☐ Medical (Nonsu	rigical) Mifepristone rigical) Misoprostol rigical) Other (Specify)								
☐ Medical (Surgic	cal) Suction Curettage cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgica	l) Suction Curetta l) Menstrual Aspi l) Other (Specify)	ration		
For Medical (Surgical	al) procedures, answer the	following question.		or Medical (	Surgical	) procedures, answ	ver the following question.		
	le or have a post fertilizati	on age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was answered yes, co	mplete the following question	ons. If	the previou	s questic	on was answered y	es, complete the following questions.		
Was the fetus given ☐ Yes ☐	n the best opportunity to s  No	urvive?	1			ven the best opportunity to survive?			
		e pregnant woman had a co serious impairment to the p	regnant t				hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal men	-	Physici	an estimate of	-	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat	03/11/2018 ional age and post fertiliz	ation age determined?		7			5		
Full name of physici	an performing termination	1							
Address of physician		number and street, city, sta	te, and zip cod	le)					
**Dot- D- 1	to DCC if D-4:	n 16 ( d. 1							
_	to DCS, if Patient unde	er 16 (month, day, year): ay, year):					-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Addre		), INDIANAPOLIS, IN, 46268	City or tow	n, of pregna	ncy termina	tion	County of pregnancy termination MARION		
26	nrried No	Date of pregnancy term <b>05/01/201</b>		Educat	tion		ool Diploma or GED		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blacc☐ White ☐ Othe	k or African er	American	Unknov	wn   Not	y oanic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	Number now living	0			Number now deceased 0				
Other Terminations:	Number of spontaneou	s terminations 0			Number of	f induced term	inations 0		
Dates of terminations (De		*							
Fetus delivered alive?  Yes No	If yes, length of tir		4	Complication(s) of Pregnancy Termina  None Uterine Perfora					
Fetus viable?  Yes No	If viable, medical	reason for termination:			Hemorrhag	☐ Retained Products			
Pathological examination performed?  Other (Specify)  Other (Specify)									
Yes ■ No  Did this termination of pregnancy result in a maternal death Yes ■ No									
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) I	Suction Curetta Menstrual Asp Other (Specify)	iration		
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
	best opportunity to surv		ns. I	If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?					
	determination that the pr lure to avert death or seri			What was th		determination	that the pregnant woman had a condition eath or serious impairment to the pregnant		
Date last normal menses	-	Physicia	nn estimate o	-	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestational ULTRASOUND	02/22/2018 I age and post fertilizatio	n age determined?		10			8		
DR. CAITLIN BERNAR	Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician per 8590 GEORGETOWN	-		e, and zip co	de)					
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):							

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	town, of pregna	ncy termination	County of pregnancy termination MARION				
Trianica	nancy termination 05/01/2018	Educat		igh School Diploma or GED				
American Indian or Alaska Native  ☐ Native Hawaiian or Other Pacific Islander  ☐ White  ☐ Live Birther  Number now living	☐ Black or Afric	can American	Unknown Number now de	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown eceased				
Other Terminations: Number of spontaneous terminations	3		Number of indu	uced terminations				
Dates of terminations (Do not include this termination. If more	than six (6), those m	ost recent.)		1				
1. <u>05/05/2017</u> 2		4	5	Complication(s) of Pregnancy Termination				
Fetus delivered alive? If yes, length of time fetus surviv	ved:							
		☐ Hemorrhage ☐ Cervical Lacer						
Fetus viable? If viable, medical reason for term	☐ Infection ☐ Retained Products							
				Other (Specify)				
Pathological examination If yes, results:			- Guici (specify)					
performed?	Did this termination of pregnancy result in a maternal death							
		Yes						
	Type of Termi	nation Procedur	res					
Procedure that Terminated Pregnancy	Additional Pr	ocedure that Terr	minated Pregnancy					
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Mens	on Curettage				
Medical (Surgical) Other (Specify)			(Surgical) Other					
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	dures, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the follow	ing questions.	If the previou	s question was a	nswered yes, complete the following questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes  No	opportunity to survive?				
What was the basis for determination that the pregnant woman				mination that the pregnant woman had a condition				
that required the procedure to avert death or serious impairme woman?	nt to the pregnant	that required woman?	d the procedure to	o avert death or serious impairment to the pregnat				
Date last normal menses began	Physician estimat	-	n weeks)	Post fertilization age of the fetus (in weeks)				
03/05/2018  How were the gestational age and post fertilization age determine	ned?	8		6				
ULTRASOUND								
Full name of physician performing termination DR. CAITLIN BERNARD								
Address of physician performing termination (number and street	et, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day	, year):							
DATE RECEIVED BY ISDH (month, day, year):	/2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	City or to	own, of pregna	•		County of pregnancy termination MARION				
	T			1						
Patient's age** 35	Married Yes No	Date of pregnancy term <b>05/01/20</b> 1		Educa	tion	Associate Degree				
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		n American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	2		Number now deceased 0						
Other Termination		1		Number of induced terminations  1						
Dates of termination 2013	ns (Do not include this termin	ation. If more than six (6)	), those mo	st recent.)		5	6			
Fetus delivered alive		me fetus survived:		·		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	, ,					■ None ☐ Uterine Perforation				
					e Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag ☐ Infection	_			
l les E	110									
Pathological examin	nation If yes, results:					Other (Spec	rify)			
performed?	iation if yes, results.									
☐ Yes ■	No					Did this termination  ☐ Yes ■ No.	on of pregnancy result in a maternal death?			
		Туре	of Termin	ation Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	re-			
☐ Medical (Surgi	cal) Menstrual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
	cal) procedures, answer the fo					_	er the following question.			
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was answered yo	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	ry to survive?			
		mannest vyaman had a aan	dition	_	_	_	hat the musement ryamon had a condition			
that required the p	s for determination that the p rocedure to avert death or ser			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?				woman?						
Data last normal	unsas hagan	Dhyairi	n actimat	of gestation (i	in 1110 al-	Doot f-	rtilization ago of the fatus (in marks)			
Date last normal me	03/11/2018		estillate	of gestation ( <i>i</i>	n weeks	Post fe	rtilization age of the fetus (in weeks) 7			
	tional age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER	NARD									
* *	n performing termination (nu WN ROAD, INDIANAPOL	•	te, and zip	code)						
	, monday of									
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-			
DATE RECEIVE	ED BY ISDH (month, day,	year): 05/02/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PPIN-GEORGETOWN OR		90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy termination	on	County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion					
31		Yes No	05/01/20			Some College, No Degree					
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown	n Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	4 as terminations			Number of induced terminations					
Other Termination	15.	•	ation. If more than six (6	) those m	ost recent )			1			
1. <b>2014</b>	2		3			5	i	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	ication(s) of Pregnanc	y Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforation						
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration				
Yes No							☐ Infection ☐ Retained Products				
							☐ Other (Specify)				
Pathological examin	ation	If yes, results:									
performed?	No			Did	this terminat	ion of pregnancy resu	It in a maternal death?				
							Yes I N		n in a maternar death.		
			Туре	res							
Procedure that Term	inated P	regnancy		Additional Pr	ocedure that	Геrminated F	Pregnancy				
Medical (Nonsi						(Nonsurgical)					
☐ Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro						(Surgical) Su					
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) M (Surgical) Ot					
	,	(~ <i>F</i> 5))				(======================================	(~ <i>p g</i> ) )	,			
For Medical (Surgic	-1)	1 1. 6.	11			(C:1)	4				
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question wa	s answered y	yes, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fett	as the fetus given the best opportunity to survive?					
☐ Yes [	☐ No				Y	res No					
			regnant woman had a cor ious impairment to the pr					that the pregnant won			
woman?	roccaure	to avert death of ser	rous impuniment to the pr	ognam	woman?	a the procedu	ie to avert de	aur or serrous impuni	nem to the pregnant		
					1						
Date last normal me	_	an KNOWN	Physicia	an estimat	e of gestation (i	n weeks)	Post f	ertilization age of the	fetus (in weeks)		
How were the gestar	_	_	on age determined?		13			11			
ULTRASOUND											
	Full name of physician performing termination  DR. CAITLIN BERNARD										
_		ning termination (nu	mber and street, city, sta	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**D-4- D	to Dag	if Daries 1 1	6 (man d. 1								
•			6 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	year): U5/U2/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
				T _						
Patient's age** 25	Married ☐ Yes ■ No	Date of pregnancy term 05/01/201		Educa	Associate Degree					
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0		Number now deceased <b>0</b>						
Other Termination	Number of spontaneous	us terminations 0		Number of induced terminations 0						
Dates of termination	ns (Do not include this termin	•		ost recent.)			•			
Fetus delivered alive		me fetus survived:	4	4		5Complie	cation(s) of Pregnancy Termination			
Yes Yes	, ,	me ietus sui viveu.				■ None	Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_			
☐ Yes ■	No					☐ Infection ☐ Retained Products				
51111	. 70					Other (Spec	cify)			
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?			
		Туре	of Termir	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
i Wedicai (Surgi	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	an) Omer (specify)				
	cal) procedures, answer the fo					_	er the following question.			
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	ry to survive?			
_		mannant ryaman had a aan	dition	_	_	_	hat the musement ryamon had a condition			
that required the p	s for determination that the p rocedure to avert death or ser			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?				woman?						
-						, 1				
Date last normal me	enses began 02/21/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) <b>7</b>			
	tional age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER										
	n performing termination (nu	•	e, and zip	code)						
6590 GEURGETO	WN ROAD, INDIANAPOL	13, IN 40208								
**Date Reported	to DCS, if Patient under	16 (month, day, year):								
-	ED BY ISDH (month, day,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 46268	City or town,		ncy termination APOLIS		County of pregnancy termination MARION			
Patient's age**		Date of pregnancy term	ination	Educat	ion					
17	Married ☐ Yes ■ No	05/01/20		Educai	IOII	9th-12t	h, No Diploma			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Othe	k or African An er	nerican	Unknown Number now de	■ Not H	nic or Latino [ispanic or Latino			
Other Termination	Number of spontaneo	ous terminations 0			Number of indu	ced termir	nations 0			
Dates of termination	as (Do not include this termi	*		cent.)						
Fetus delivered alive	e? If yes, length of t	ime fetus survived:	4		5	Complication	ation(s) of Pregnancy Termination  Uterine Perforation			
					emorrhage					
Fetus viable?		reason for termination:					_			
☐ Yes ■	NO					fection	Retained Products			
Pathological examin	nation If yes, results:				0	ther (Spec	ify)			
performed?										
☐ Yes ■	No				Did this Yes		on of pregnancy result in a maternal death?			
	, 		•							
		Туре	es							
Procedure that Term	ninated Pregnancy		ocedure that Tern	ninated Pro	egnancy					
☐ Medical (Nonst	urgical) Mifepristone			Medical (	(Nonsurgical) M	ifepristone				
☐ Medical (Nonst	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsurgical) M (Nonsurgical) Ot	isoprostol				
Madical (Sumi	cal) Sustian Cumettage		_	Madical	(Surgical) Suction	on Cumattas				
☐ Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration			Medical	Surgical) Menst	rual Aspir				
Medical (Surgio	cal) Other (Specify)			Medical (	(Surgical) Other	(Specify)				
For Medical (Surgic	al) procedures, answer the fe	ollowing question.	For	Medical (	Surgical) procedu	ires, answ	er the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons. If th	e previous	us question was answered yes, complete the following questions.					
Was the fetus give	n the best opportunity to sur	vive?	W		s given the best of	ven the best opportunity to survive?  ☐ No				
	s for determination that the	aragnant woman had a cor	udition W	_	he basis for determination that the pregnant woman had a condition					
that required the pr	rocedure to avert death or se		regnant tha	at required			th or serious impairment to the pregnant			
woman?			Wo	oman?						
D. I.		Γ = - · ·				In a				
Date last normal me	nses began <b>02/28/2018</b>	Physicia	an estimate of go	estation (ii <b>9</b>	ı weeks)	Post fer	tilization age of the fetus (in weeks) <b>7</b>			
How were the gestat	tional age and post fertilizati	on age determined?				1				
Full name of physics DR. CAITLIN BER	ian performing termination  NARD									
_	n performing termination (na	ımber and street, city, stat	te, and zip code)	)						
8590 GEORGETO	WN ROAD, INDIANAPOL	LIS, IN 46268								
**Dota Da	to DCS if Datient	16 (month 1								
_	to DCS, if Patient under									
DATE RECEIVE	ED BY ISDH (month, day	, year):					-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAD,	INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•			County of pregnanc	y termination RION	
	arrica	Date of pregnancy term	ination	Educat	tion		I			
Race	☐ Yes ■ No	05/01/201				Hig	Ethnicity	ol Diploma or GED	)	
☐ American Indian or A☐ Native Hawaiian or C	Other Pacific Islander	Asian Blac White Othe		n American		known	■ Not H	nic or Latino ispanic or Latino	Unknown	
Live Births:	Number now living	1				umber now deceased  0 umber of induced terminations				
Other Terminations:	Number of spontaneous	0			Numb	er of indu	ced termin	0 0		
Dates of terminations (D	o not include this terminat	tion. If more than six (6)		st recent.)		5		6		
Fetus delivered alive?	If yes, length of tim	e fetus survived:					Complica	ation(s) of Pregnancy	Termination	
☐ Yes ■ No						■ N	one	☐ Uterin	e Perforation	
Fetus viable?	If viable, medical re	eason for termination:			☐ H	emorrhage	Cervic	al Laceration		
☐ Yes ■ No				☐ In	fection	☐ Retain	ed Products			
						☐ O	ther (Speci	ify)		
Pathological examination performed?	If yes, results:									
☐ Yes ■ No						Did this Yes	terminatio  No		t in a maternal death?	
	<b>'</b>									
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgic				☐ Medical	(Nonsu	rgical) M	ifepristone	;		
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage Menstrual Aspiration			Medical	(Surgical	al) Suctio	n Curettag	ge		
Medical (Surgical)						al) Other		ation		
For Medical (Surgical) p	rocedures, answer the follo	owing question.		For Medical (	Surgica	ıl) procedu	ires, answe	er the following ques	tion.	
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	ge at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, comple	te the following questio	ons.	If the previou	s questi	on was an	swered ye	s, complete the follow	wing questions.	
Was the fetus given the	e best opportunity to surviv	ve?		Was the fetu	ıs given	the best o	opportunity	y to survive?		
☐ Yes ☐ N				_	Yes [	_				
	determination that the pre dure to avert death or serio							at the pregnant wom th or serious impairm		
woman?				woman?						
Date last normal menses	hegan	Physicis	an estimate	of gestation (i	n woob	.)	Post for	tilization age of the f	fetus (in wooks)	
	02/25/2018		in estimate	9	n weeks	·/	1 Ost ICI	7	ictus (in weeks)	
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization	age determined?								
Full name of physician p	_									
DR. CAITLIN BERNAR Address of physician per	RD forming termination (num	ber and street, city, stat	te, and zip o	code)						
3590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
**Date Reported to D	OCS, if Patient under 16	(month, day, year):								
DATE RECEIVED I	BY ISDH (month, day, ye	ear):05/02/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, I	NDIANAPOLIS, IN, 46268	City or town, of pregna	ncy termination	County	County of pregnancy termination  MARION				
20	urried I	Date of pregnancy termina 05/01/2018	ation Educa		Some College, I	No Degree				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Black of White Other	or African American	Unknown	Ethnicity Hispanic or L Not Hispanic					
Live Births:	Number now living	0		Number now de	(	0				
Other Terminations:	Number of spontaneous	terminations 0		Number of indu	nber of induced terminations 0					
·	o not include this terminati	•								
Fetus delivered alive?  Yes No	If yes, length of time		4	■ N	Complication(s)	of Pregnancy Termination  Uterine Perforation  Cervical Laceration				
Fetus viable?  Yes No	If viable, medical rea	ason for termination:	☐ Ir	☐ Infection ☐ Retained Products						
Pathological examination performed?  Yes • No	If yes, results:			Did this ☐ Yes		egnancy result in a maternal death?				
		Type of	Termination Procedur	res						
Procedure that Terminate	ed Pregnancy	71			ninated Pregnancy	1				
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Mifepristone al) Misoprostol		☐ Medical ☐ Medical							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration									
For Medical (Surgical) p	rocedures, answer the follo	wing question.	For Medical (	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization ag	e at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
	was answered yes, complete			If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?						
Was the fetus given the	best opportunity to survivo	e?		us given the best	opportunity to surv	vive?				
	determination that the preg lure to avert death or seriou			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
Date last normal menses	began	Physician e	estimate of gestation (i	n weeks)	Post fertilizatio	on age of the fetus (in weeks)				
	03/07/2018		7		<u> </u>	5				
How were the gestational ULTRASOUND	age and post fertilization a	age determined?								
Full name of physician p	_									
Address of physician per	forming termination (numb		and zip code)							
**Date Reported to D	CS, if Patient under 16	(month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or						n, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's acc**			Data of meaning to	ninotion	17.4	tion						
Patient's age**  19	Ma	rried Yes I No	Date of pregnancy term <b>05/01/20</b>		Educa	HOU		Some Co	llege, No Degree	•		
Race American Indian		laska Native		ck or Africa	an American	ППп	known	Ethnicity  Hispa		☐ Unknown		
Live Births:	01 0	Number now living	<del>-</del>	CI			er now d		•	Clikilowii		
		Number of spontaneou	s terminations			Numb	er of indu	uced termin	nations			
Other Termination		not include this termina	0	() those me	et recent l				0			
1	.s (Dc	2	3		i		5		6			
Fetus delivered alive	?	If yes, length of tir	ne fetus survived:					Complic	ation(s) of Pregnan	cy Termination		
☐ Yes ■ I			■ N	None	☐ Uter	ine Perforation						
								I ann amh a ac		iaal I accretion		
Fetus viable?		If viable, medical i	reason for termination:					Hemorrhage	e 🔟 Cerv	ical Laceration		
☐ Yes ■ I	No						l l	nfection	Reta	ined Products		
								Other (Spec	ify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this termination of pregnancy result in a maternal death?					
	110						Yes			un in a maternar deatir:		
			Туро	e of Termin	nation Procedu	res						
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedure	e that Teri	minated Pro	egnancy			
					_							
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgica	l) Misoprostol			☐ Medical	(Nonsu	rgical) M	Aifepristone Aisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)			☐ Medical	(Nonsu	rgical) O	Other (Speci	fy)			
		Suction Curettage						on Curettag				
☐ Medical (Surgion Med		Menstrual Aspiration						strual Aspir r (Specify)	ration			
Wiedicai (Surgio	<i>(</i> ( )	эшсі (эресіду)			Wicdicar	(Surgic	ai) Ouici	і (Бресіду)				
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
	le or N	nave a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	ete the following question	ons.	If the previous question was answered yes, complete the following questions.							
Was the fetus given ☐ Yes [		best opportunity to surv	ive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No							
				. 11.41	_	_				and had a second		
		letermination that the pr ure to avert death or seri								man had a condition rment to the pregnant		
woman?			- 1	-	woman?				Ī			
Date last normal men	nses 1	oegan	Physici	an estimate	of gestation (i	in weeks	s)	Post fer	tilization age of th	e fetus (in weeks)		
	ι	JNKNOWN			9				7			
=	ional	age and post fertilization	n age determined?	_			_	_				
ULTRASOUND												
										,		
Full name of physici  DR. CAITLIN BERI	_	rforming termination  D										
	Address of physician performing termination (number and street, city, state, and zip code)											
8590 GEORGETON	8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
**Date Reported	to D	CS, if Patient under 1	6 (month day year)									
-			05/00/0040						-			
DATE RECEIVE	ED B	Y ISDH (month, day, y	vear):						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						r town, of pregnancy termination				County of pregnancy termination		
						INDIAN	IAPOLIS	•			MARION	
Patient's age**  15	Aarrie [	d Yes • No	Date of pregnar	ncy termi 5/03/201		Educat	tion		8th G	Grade or Less		
Race American Indian or Native Hawaiian or		-	=	■ Black		n American	☐ Unkn	nown		nnic or Latino Hispanic or Latin	no 🔲 Unknown	
Live Births:		umber now living		Other			Number			0	IO CHKHOWH	
Other Terminations:	N	umber of spontaneou					Number	of indu	ced termii			
Dates of terminations (A			•							0		
Fetus delivered alive?	2	TC 1 1 C.			4.			5	Complic	6	gnancy Termination	
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:						■ None ☐ Uterine Perforation						
						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?  ☐ Yes ■ No		If viable, medical r	eason for termin	ation:					fection		Retained Products	
								_	ther (Spec	_	tetamed Froducts	
Pathological examination	on	If yes, results:							ther (Spec	.(Jy)		
performed?  • Yes  • No	,	SAC, CHORIONI	C VILLI. & FET	TAL PAF	RTS		-	Did this	tormination	on of prognancy	result in a maternal death?	
i les i les	,							Yes			result in a maternal death?	
				Type	of Termin	ation Procedur	es					
Procedure that Termina	ated Pa	regnancy				Additional Pr	ocedure th	hat Tern	ninated Pr	regnancy		
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi						☐ Medical	(Nonsurgi (Nonsurgi	ical) M	ifepriston	e		
Medical (Nonsurgi						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Medical (Surgical)							(Surgical) (Surgical)					
Medical (Surgical)							(Surgical)			ation		
For Medical (Surgical)	proce	dures, answer the fol	lowing question.			For Medical (	Surgical)	procedu	ires, answ	er the following	question.	
Was the fetus viable o		e a post fertilization a	age at least 20 w	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	ı was a	answered yes, comple	ete the following	question	ıs.	If the previous question was answered yes, complete the following questions.						
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ive?						opportunit	y to survive?		
What was the basis for		rmination that the pro	egnant woman h	ad a cond	lition	☐ Yes ☐ No  What was the basis for determination that the pregnant woman had a condition						
that required the processions woman?											pairment to the pregnant	
Date last normal mense	es bega	an		Physician	n estimate	of gestation (i	n weeks)		Post fe	rtilization age o	f the fetus (in weeks)	
TT 11 (1)		14/2018	1	10		11					9	
How were the gestation SONOGRAM	iai age	e and post tertifization	n age determined	1?								
Full name of physician	-	rming termination										
	KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)											
3607 WEST 16TH ST	REE	Γ, INDIANAPOLIS,	IN 46222									
**Date Reported to	DCS,	if Patient under 1	6 (month, day, y	ear): <b>05/</b>	04/2018					_		
DATE RECEIVED												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	City or town	r town, of pregnancy termination  LAFAYETTE  County of pregnancy terminat  TIPPECANOE								
Patient's age**		Date of pregnancy term	ination	Educa	tion					
37	Married ☐ Yes ■ No	05/05/201		Educa	поп	Some Co	ollege, No Degree			
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ☐ Othe	k or African A	american			anic or Latino  Hispanic or Latino   Unknown			
Live Births:		2					0			
Other Termination		0			Numb	er of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	•		ecent.)		_				
Fetus delivered alive	1	me fetus survived:	4			5Compli	cation(s) of Pregnancy Termination			
Yes •	, ,	me retus sur vivea.			■ None					
							_			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No					☐ Infection	☐ Retained Products			
						Other (Spec	cify)			
Pathological examin	nation If yes, results:									
performed?	No					Did this terminati	on of pregnancy result in a maternal death?			
						☐ Yes ■ N				
							1			
		Туре	of Termination	on Procedu	es					
Procedure that Term	ninated Pregnancy		Ad	lditional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nons)	urgical) Mifepristone			l Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nonsi	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprosto	l			
Medical (Nonsi	urgical) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge			
	cal) Other (Specify)			Medical	(Surgic	al) Other (Specify)	ration			
For Medical (Surgic	cal) procedures, answer the fo	llowing question		r Medical (	Surgica	al) procedures answ	ver the following question.			
was the fetus viab	ole or have a post fertilization  ☐ No	age at least 20 weeks?	`	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns. If	If the previous question was answered yes, complete the following questions.						
Was the fetus give	en the best opportunity to surv	rive?								
Yes [				Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	s for determination that the p			What was the basis for determination that the pregnant woman had a condition						
that required the pay	rocedure to avert death or ser	ious impairment to the pr	-	hat required voman?	d the pro	ocedure to avert dea	ath or serious impairment to the pregnant			
				•						
Date last normal me	meac hagan	Dh.v.a''-	n estimate of	gastotics /	n wast-	Dont for	ertilization age of the fetus (in weeks)			
Date last normal me	03/21/2018	Physicia	ui estilliate of	<b>6</b>	n weeks	Post le	<b>4</b>			
	tional age and post fertilization	on age determined?				l .				
ULTRASOUND										
Γ										
Full name of physic DR. SARAH JULIA	ian performing termination  A TURNER									
	n performing termination (nu	mber and street, city, stat	e, and zip cod	le)						
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/05/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	Facility Name and Address City or town, of pregnancy termination County of pregnancy termination								
PPIN-GEÓRGETOWN OR (PPG	) - 8590 GEORGETOWN ROAD, INDIANAPO	LIS, IN, 46268	INDIANAPOLIS MARION						
Patient's age** Ma	arried Date of pr	egnancy termination 05/05/2018	Educa		Some Col	lege, No Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander  White	☐ Black or Afri	can American	Unknown	Not Hi	nic or Latino			
Live Births:		0			nber now deceased  0				
Other Terminations:	Number of spontaneous termination	ons O		Number of inde	uced termina	ations 0			
Dates of terminations (D	o not include this termination. If mo			_		,			
Fetus delivered alive?	If yes, length of time fetus sur		4	5		ation(s) of Pregnancy Termination			
☐ Yes ■ No				■ N	None	☐ Uterine Perforation			
				F	Hemorrhage	☐ Cervical Laceration			
Fetus viable?  Yes No	If viable, medical reason for to	ermination:			nfection	☐ Retained Products			
					Other (Specij	fv)			
Pathological examination	n If yes, results:				zaiei (speeg	137			
performed?				Didthic		n of pregnancy result in a maternal death?			
				Yes		1 2 3			
		Type of Term	ination Procedu	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	rocedure that Ter	minated Pre	gnancy			
Medical (Nonsurgic				(Nonsurgical) N					
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic				(Nonsurgical) M (Nonsurgical) C		fy)			
Medical (Surgical)				(Surgical) Sucti					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspira r ( <i>Specify)</i>	ation			
For Medical (Surgical) p	rocedures, answer the following que	stion.	For Medical	(Surgical) proced	lures, answe	er the following question.			
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at least No	20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete the follo	owing questions.	If the previous question was answered yes, complete the following questions.						
	best opportunity to survive?	<i>C</i> 1	Was the fetus given the best opportunity to survive?						
Yes N			Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	determination that the pregnant won		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?	dure to avert death of serious impairs	nent to the pregnant	woman?	a the procedure t	o avert dean	n or serious impairment to the pregnant			
L			1						
Date last normal menses	began 02/12/2018	Physician estima	te of gestation (i	in weeks)	Post fert	tilization age of the fetus (in weeks)			
	l age and post fertilization age determ	nined?	13						
ULTRASOUND									
<u> </u>									
	Full name of physician performing termination  DR. SARAH JULIA TURNER								
	forming termination (number and sta ROAD, INDIANAPOLIS, IN 4626		p code)						
3330 SEONGETOWN	NOAD, INDIANAI OLIO, IN 4020								
**Date Reported to D	OCS, if Patient under 16 (month, a	lay, year):							
DATE RECEIVED I	BY ISDH (month, day, year):05/	05/2018							

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_05/05/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	r town, of pregnan	•	County of pregnancy termination  MARION				
Patient's age** Ma	nrried Date of pregr	nancy termination 05/05/2018	Educati		College, No Degree				
Race American Indian or A Native Hawaiian or C		☐ Black or Afri	ican American		ispanic or Latino ot Hispanic or Latino   Unknown				
Live Births:	2				0				
Other Terminations:	Number of spontaneous terminations 0			Number of induced ter	minations 0				
Dates of terminations (De	o not include this termination. If more	than six (6), those 1	most recent.)	5	6				
Fetus delivered alive?  Yes No	If yes, length of time fetus surviv	wed:		Complication(s) of Pregnancy Termination  None Uterine Perforation					
Fetus viable?  Yes No	If viable, medical reason for term	nination:	☐ Hemorri ☐ Infection ☐ Other (S	Retained Products					
Pathological examination	n If yes, results:				F057				
performed?  Yes No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
		Tuna of To-	nination Procedure	ac					
Described to make	J.D.,	Type of Term			I D				
Procedure that Terminate			1_	cedure that Terminated					
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol								
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical (S	Surgical) procedures, ar	nswer the following question.				
Was the fetus viable or Yes N	have a post fertilization age at least 20 to	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete the follow	ing questions.	If the previous question was answered yes, complete the following questions.						
	best opportunity to survive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	determination that the pregnant woman lure to avert death or serious impairme				on that the pregnant woman had a condition death or serious impairment to the pregnant				
Date last normal menses	hegan	Physician estima	ate of gestation (in	weeks) Pos	t fertilization age of the fetus (in weeks)				
	03/21/2018		6	103	4				
How were the gestational ULTRASOUND	l age and post fertilization age determine	ned?							
Full name of physician p	erforming termination								
DR. SARAH JULIA TU	_	et, city, state, and zi	ip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to D	CS, if Patient under 16 (month, day	, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** M	larrie	i Yes • No	Date of preg	nancy term 05/05/20		Educa	tion	Н	igh Scho	ol Diploma or GE	D		
Race American Indian or A			☐ Asian	=		an American				nic or Latino	_		
Native Hawaiian or C Live Births:	_	Pacific Islander Imber now living	■ White	Othe	er			nknown oer now de		Hispanic or Latino	Unknown		
Other Terminations:	Νι	ımber of spontaneou	as terminations	3			Numl	per of indu	aced termin				
Dates of terminations (D					), those m	ost recent.)				2			
L. 2016 Fetus delivered alive?	_ 2.	2013		NOWN		4		5	Complic	eation(s) of Pregnanc	v Termination		
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:								■ N		_	ne Perforation		
									Hemorrhage	e	cal Laceration		
Fetus viable?  Yes No		If viable, medical	reason for terr	nination:				☐ Iı	nfection	☐ Retair	ned Products		
									Other (Spec	rify)			
Pathological examination performed?	n	If yes, results:											
Yes No											lt in a maternal death?		
								☐ Yes	s ■ No	)			
				Type	e of Termi	nation Procedu	res						
Procedure that Terminate	ted Pr	egnancy		71.3		Additional P		e that Teri	minated Pr	egnancy			
☐ Medical (Nonsurgic		•				☐ Medical	(Nonsu	ırgical) M	lifepriston	e			
Medical (Nonsurgic	cal) I	Misoprostol				☐ Medical	(Nonsu	rgical) M	lisoprostol ther (Speci				
		. 1						,		•			
Medical (Surgical)	Suct	ion Curettage							on Curettag				
Medical (Surgical) Medical (Surgical)									trual Aspir (Specify)	ration			
For Medical (Surgical) p	proce	dures, answer the fo	llowing questi	on.		For Medical	(Surgical	al) proced	ures, answ	er the following que	stion.		
Was the fetus viable or ☐ Yes ■ 1		e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	was a	inswered yes, compl	lete the follow	ing questic	ons.	If the previous question was answered yes, complete the following questions.							
Was the fetus given the ☐ Yes ☐ N		opportunity to surv	vive?			Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No							
What was the basis for		rmination that the pr	regnant womai	n had a cor	ndition			_	mination th	nat the pregnant won	nan had a condition		
that required the proceed woman?										th or serious impairr			
Date last normal menses	_			Physicia	an estimat	e of gestation (	in week	s)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestationa		and post fertilization	on age determin	ned?		6				4			
ULTRASOUND													
Full name of physician p	nerfor	ming termination											
DR. SARAH JULIA TU	JRNE	R											
Address of physician per 8590 GEORGETOWN		-		et, city, star	te, and zip	code)							
**Date Reported to D	OCS,	if Patient under 1	6 (month, day	, year):						_			
DATE RECEIVED I	BY I	SDH (month, day,	year):05/05	/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  MARION									
Patient's age** Ma	Date of pregr	nancy termination	Educa	tion					
Race	☐ Yes ■ No	05/05/2018			Some Coll Ethnicity	ege, No Degree			
American Indian or A	Other Pacific Islander White	■ Black or Afric	can American	Unknown	Hispan Not His	ic or Latino Unknown			
Live Births:	Number now living 1				ber now deceased  0				
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	tions 0			
Dates of terminations (D	o not include this termination. If more t		ost recent.)	5.		6			
Fetus delivered alive?	If yes, length of time fetus surviv					tion(s) of Pregnancy Termination			
☐ Yes ■ No			<b>1</b>	None	☐ Uterine Perforation				
				D	Hemorrhage	☐ Cervical Laceration			
Fetus viable?  Yes No	If viable, medical reason for term	nination:			nfection	☐ Retained Products			
					Other (Specif	_			
Pathological examination	If yes, results:				outer (speet)	<i>y)</i>			
performed?				-		<del></del> ,			
☐ Yes ■ No				Did this		of pregnancy result in a maternal death?			
	•			·					
		Type of Termi	nation Procedu	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Pres	gnancy			
☐ Medical (Nonsurgic	al) Mifepristone		☐ Medical	(Nonsurgical) N	//////////////////////////////////////				
Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol		☐ Medical	(Nonsurgical) N	/lisoprostol	(r)			
iviedicai (Nollsurgic	ar) Other (Spectyy)		Wiedicar	☐ Medical (Nonsurgical) Other (Specify)					
	Menstrual Aspiration								
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete the followi	ng questions.	If the previous question was answered yes, complete the following questions.						
	e best opportunity to survive?		Was the fetus given the best opportunity to survive?						
Yes N	lo		Yes No						
	determination that the pregnant woman dure to avert death or serious impairmen		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?	r	1 8	woman?	r		r			
			1						
Date last normal menses	•	Physician estimat	-	n weeks)	Post fert	ilization age of the fetus (in weeks)			
How were the gestationa	<b>02/08/2018</b> I age and post fertilization age determine	led?	11			9			
ULTRASOUND									
Full name of physician p	=								
	forming termination (number and stree	t, city, state, and zip	code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268								
•	oCS, if Patient under 16 (month, day,	•							
DATE RECEIVED I	BY ISDH (month, day, year): 05/05/	2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					wn, of pregnancy termination  LAFAYETTE  County of pregnancy termination  TIPPECANOE							
Patient's age**	Marrie		Date of pregnancy term		Educa	tion						
Race		Yes No	05/05/20	)18				Bache Ethnicity	elor's Degree			
American Indian Native Hawaiian	or Oth		Asian Bla White Oth	ck or Africa er	n American		known er now d	Hispa Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:		Number of spontaneou	2 sterminations				0 ber of induced terminations					
Other Termination	15.	•	ation. If more than six (	6) those ma	et recent )	1141110			0			
2017			3				5		6			
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregna	ancy Termination		
☐ Yes ■ No								None	☐ Ut	erine Perforation		
Fetus viable?		If viable medical	reason for termination:				□ I	Hemorrhage	e 🔲 Ce	rvical Laceration		
Yes Yes	No	ii viable, illedical	reason for termination.				□ I	nfection	☐ Re	tained Products		
							☐ Other (Specify)					
Pathological examin	ation	If yes, results:										
performed?	No						Did this	s terminatio	n of pregnancy r	esult in a maternal death?		
	-						☐ Yes					
			Тур	e of Termina	ation Procedu	res						
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure	that Ter	minated Pro	egnancy			
Medical (Nonsu     Medical (Nonsu								Aifepristone Aisoprostol	<b>;</b>			
Medical (Nonsu								ther (Speci	fy)			
Medical (Surgio								on Curettag				
☐ Medical (Surgion Med		nstrual Aspiration ner (Specify)						strual Aspir r (Specify)	ation			
								. 1				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question		For Medical (Surgical) procedures, answer the following question.							
			age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [		ve a post fertifization	age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, comp	lete the following questi	ons.	If the previous question was answered yes, complete the following questions.							
		st opportunity to surv	vive?		Was the fetus given the best opportunity to survive?							
☐ Yes [					_	Yes [	_					
			regnant woman had a co ious impairment to the p		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?					woman?	_						
Date last normal me		gan /20/2018	Physic	ian estimate	of gestation (i	in weeks	i)	Post fer	_	the fetus (in weeks)  6		
_		e and post fertilization	on age determined?									
ULTRASOUND												
Full name of physici	ian nauf	rmina tamination										
DR. SARAH JULIA												
Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268												
6590 GEORGETO	WN RO	AD, INDIANAPOL	13, IN 46268									
**Date Reported	to DCS	5, if Patient under 1	.6 (month, day, year): _									
DATE RECEIVE									_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City or to	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Dationt's ag-**	l	<u> </u>	Data of mar-	axı tar	nation	Educa	tion					
Patient's age** 40	Marrie [	ed Yes No	Date of pregnan	/05/2018		Educa	tion			elor's Degre	е	
Race American Indiar Native Hawaiiar	or Othe		Asian [ White	Black Other		an American		known er now d	Not I	nnic or Latino Hispanic or Lat	ino	Unknown
Live Births:			1						uced termin	0		
Other Termination	15.	fumber of spontaneou	1				Numt	ber of ind	ucea termi	0		
Dates of termination  1. UNKNOWN	ns ( <i>Do no</i>	ot include this termin	ation. If more that			st recent.)		5		6		
Fetus delivered alive		If yes, length of ti							Complic	ration(s) of Pre	gnancy	Termination
☐ Yes ■	No							■ 1	None		Uterin	e Perforation
Fetus viable? If viable, medical reason for termination:								☐ I	Hemorrhag	e 🗆	Cervic	al Laceration
retus viable? If viable, medical reason for termination:							I	nfection		Retain	ed Products	
									Other (Spec	rify)		
Pathological examin	ation	If yes, results:						_	. 1	327		
performed?								Did this termination of pregnancy result in a maternal death?				
lies lino								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
				Туре	of Termin	ation Procedu	res					
Procedure that Term	inated F	regnancy				Additional Pr	ocedur	e that Ter	minated Pr	egnancy		
Medical (Nonsu									Aifepriston			
Medical (Nonsu Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge		
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspin r (Specify)	ration		
	,	· (-1-35)				_		.,	(-1 · · · 32)			
For Medical (Surgic	eal) proce	edures, answer the fo	llowing question			For Medical	Surgice	al) proced	lurae anew	er the followin	a anec	
			• •			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
was the fetus viab		ve a post fertilization	age at least 20 we	eeks?			etus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was	answered yes, comp	lete the following	question	s.	If the previou	s quest	ion was a	nswered ye	es, complete th	e follo	wing questions.
		st opportunity to surv	rive?						opportunit	y to survive?		
Yes [	_ No					□ ,	Yes [	」No				
		ermination that the protect to avert death or ser										an had a condition ent to the pregnant
woman?			-			woman?					_	
					1							
Date last normal me		an <b>/05/2018</b>	I	Physician	n estimate	of gestation (a	n week:	s)	Post fe	rtilization age	of the f	fetus (in weeks)
_		e and post fertilization	n age determined	?								
ULTRASOUND												
Full name of physic	ion norf	rming towningtion										
DR. SARAH JULIA												
	-	ming termination (nu		city, state	, and zip	code)						
8590 GEORGETO	WN KO	AU, INDIANAPOL	13, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, ve	ear):						_		
_	DATE RECEIVED BY ISDH (month, day, year): 05/05/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or		ncy termination		County of pregnancy termination  MARION				
Patient's age** Ma	arried Date of pregr	nancy termination	Educa							
24	arried _	05/05/2018		Н		Diploma or GED				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander  White	☐ Black or Afric	can American	Unknown	■ Not Hi	ic or Latino 🔲 Unknown				
Live Births:	Number now living 0				mber now deceased 0					
Other Terminations:	Number of spontaneous terminations 0			Number of indi	nber of induced terminations 0					
Dates of terminations (Do	o not include this termination. If more t		ost recent.)							
Fetus delivered alive?	If yes, length of time fetus surviv		4	5	Complicat	ion(s) of Pregnancy Termination				
☐ Yes ■ No				■ N	None	☐ Uterine Perforation				
		п	Hemorrhage	☐ Cervical Laceration						
Fetus viable?  Yes No	If viable, medical reason for term		nfection	Retained Products						
			Other (Specif	_						
Pathological examination	n If yes, results:	— "	outer (specif	,,						
performed?				D:1.1:		6 11 10				
l les l No			Did this termination of pregnancy result in a maternal death?  Yes No							
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical)				(Nonsurgical) M						
Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medic				(Nonsurgical) M (Nonsurgical) C		v)				
Medical (Surgical)	Suction Curettage		☐ Medical	(Surgical) Sucti	on Curettage					
	Menstrual Aspiration			(Surgical) Mens (Surgical) Other	strual Aspira					
	Outer (Specify)		Medical	(Surgicar) Other	і (зресіју)					
				(2 . 1)						
	rocedures, answer the following question		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20 No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question v	was answered yes, complete the followi	ng questions.	If the previou	is question was a	nswered yes	complete the following questions.				
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best	opportunity	to survive?				
☐ Yes ☐ N				Yes No						
	determination that the pregnant woman lure to avert death or serious impairmen					t the pregnant woman had a condition or serious impairment to the pregnant				
woman?	dure to avert death of serious impairmen	it to the pregnant	woman?	d the procedure t	o avert dean	for serious impairment to the pregnant				
			<u> </u>							
Date last normal menses		Physician estimat	-	in weeks)	Post ferti	lization age of the fetus (in weeks)				
	03/09/2018  I age and post fertilization age determine	led?	9			7				
ULTRASOUND										
					<del></del>					
Full name of physician p	=									
	Address of physician performing termination (number and street, city, state, and zip code)									
	ROAD, INDIANAPOLIS, IN 46268	•								
	GG 107 1									
•	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/05/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				own, of pregna	•		County of pregnancy termination MARION			
Patient's age**	T.,	Date of pregnancy term	vination	Educa	tion					
35	Married ☐ Yes ■ No	05/05/20		Educa	поп	Bach	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American		Ethnicity Hispa known Not 1 er now deceased	anic or Latino Hispanic or Latino			
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi				
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			1			
1. 01/08/2016	2	3	4	1		5	6			
Fetus delivered alive	3,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
l les E	110			■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
Yes •	· · · · · · · · · · · · · · · · · · ·	<b>104</b> 50 <b>11</b> 101 <b>101</b> 11111111111		☐ Infection ☐ Retained Products						
						☐ Other (Specify)				
Pathological examir	nation If yes, results:									
performed?	No			Did this termination of pregnancy result in a maternal death?						
				Did this termination of pregnancy result in a maternal death?  Yes No						
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e 1			
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgical	al) Suction Curetta	ige			
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgica	al) Menstrual Aspi al) Other (Specify)	ration			
I Wedlear (Burgh	cai) Guier (Specify)			Medicar	(Burgie	ar) Outer (speegy)				
- M 1: 1/G :	1) 1 4 6			- M 1' 1	· ·	1) 1	4 6 11			
	cal) procedures, answer the fo	• •				•	ver the following question.			
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	the best opportuni	ty to survive?			
	_			_	_	_				
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began 03/01/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  8			
How were the gesta	tional age and post fertilization	on age determined?		10			<u> </u>			
ULTRASOUND										
	Full name of physician performing termination  DR. SARAH JULIA TURNER									
	n performing termination (nu	mber and street, city, stat	te, and zip	code)						
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268								
-	to DCS, if Patient under						-			
DATE RECEIVED BY ISDH (month, day, year): 05/05/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	Cacility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION												
Patient's age** M:	larried	es 🔳 No		ancy terminatio	on	Educa	tion	μ.	ligh Sobo	ol Diele	ma or GE	n	
Race American Indian or A		<u> </u>		05/05/2018  ☐ Black or A	African A	merican		п	Ethnicity  Hispa	,	ma or GE	<u> </u>	
Native Hawaiian or C	Other Pac	ific Islander er now living	■ White	Other				known er now d	■ Not I	Hispanic o	or Latino	Unk	nown
Other Terminations:		er of spontaneou	s terminations				Numb	er of ind	uced termin	nations			
Dates of terminations (D		•	0	han six (6), thos	se most re	ecent.)				0			
1	2		3		4			5			6		
Fetus delivered alive?  Yes No	If y	yes, length of ti	ne fetus survive	ed:		Complication(s) of Pregnan					of Pregnanc	y Terminatio	n
								■ N	None		☐ Uterir	ne Perforatio	n
Fetus viable?	If v	viable, medical	reason for termi	ination:				☐ I	Hemorrhage	e	☐ Cervi	cal Laceratio	n
☐ Yes ■ No								☐ I	nfection		Retair	ned Products	ı
									Other (Spec	rify)			
Pathological examination performed?	on If y	yes, results:											
☐ Yes ■ No								Did this termination of pregnancy result in a maternal death?					
☐ Yes ■ No													
Type of Termination Procedures													
Procedure that Terminate	ted Pregna	ıncy			Ad	ditional Pr	ocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonsurgic		•											
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	cal) Miso	prostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
■ Medical (Surgical) Suction Curettage							(Surgic	al) Sucti	on Curetta	ore			
Medical (Surgical)  Medical (Surgical)  Medical (Surgical)	Menstrua	d Aspiration				Medical	(Surgic	al) Mens	strual Aspii r ( <i>Specify</i> )				
iviedicai (Surgicai)	Outer (Sp	ecijy)				Medicai	(Surgic	ai) Ouie	і (зресіју)				
		4 6			_	36.11.1.	· .	1)		.1 . C .1:			
For Medical (Surgical) p											lowing que		
Was the fetus viable or  ☐ Yes ■ N		ost fertilization	age at least 20 v	weeks?	"	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	was answ	ered yes, compl	ete the followin	ng questions.	If ti	he previou	s questi	on was a	nswered ye	es, comple	ete the follo	wing question	ons.
Was the fetus given the		ortunity to surv	ive?		V				opportunit	y to survi	ve?		
☐ Yes ☐ N						_	Yes _	_					
What was the basis for that required the proceed												nan had a con nent to the p	
woman?					W	oman?							
					1								
Date last normal menses	began 02/12/20	018		Physician esti	mate of g	gestation (i	n weeks	i)	Post fe	rtilization	age of the	fetus (in wee	?ks)
How were the gestationa	al age and	post fertilization	n age determine	ed?									
ULTRASOUND													
Full name of physician p	nerformin	g termination											
DR. SARAH JULIA TU	JRNER												
Address of physician per 8590 GEORGETOWN	_			, city, state, and	l zip code	?)	_		·			<u> </u>	
	, 1		_, 10200										
**Date Reported to D	OCS, if P	atient under 1	6 (month, day,	year):						_			
DATE RECEIVED I	BY ISDI	H (month, day,	year):05/05/2	2018						_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			City or to	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
	T									
Patient's age** 31	Married ■ Yes □ No	Date of pregnancy term <b>05/05/20</b> 1		Educa	tion		elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		n American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	1			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	•		st recent.)						
Fetus delivered alive	1	me fetus survived:	4	·		5 Complic	eation(s) of Pregnancy Termination			
Yes •	3,	10:40 541 11:04				■ None	☐ Uterine Perforation			
			Hemorrhag	e Cervical Laceration						
Fetus viable?  Yes	If viable, medical									
	140					☐ Infection ☐ Retained Products				
Pathological examir	nation If yes, results:					Other (Spec	(TJ))			
performed?										
☐ Yes ■	No					Did this termination  ☐ Yes ■ No.	on of pregnancy result in a maternal death?			
		Туре	of Termin	ation Procedur	es					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu: (Nonsu:	rgical) Misoprostol rgical) Other (Spec	ify)			
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
Wiedieur (Burgi	car) Galer (Speedy)				(Buigie	ar) Guier (speegy)				
Eor Madical (Surgic	cal) procedures, answer the fo	llowing question		For Medical (	Curaia	1) procedures answ	ver the following question			
				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.			
	en the best opportunity to surv	vive?				the best opportunit	y to survive?			
☐ Yes [				_	Yes [	_				
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
Data last as 1	wasa basar	m ···	m actin :	of co-t-t'	1		utilization and of the fature (; )			
Date last normal me	03/07/2018		ııı estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7			
How were the gestar ULTRASOUND	tional age and post fertilization	on age determined?				•				
OLIKASUUND										
Full name of physic	ian performing termination									
DR. SARAH JULIA		mbay and atm	·a 1 . ·	anda)						
	n performing termination (nu WN ROAD, INDIANAPOL		e, ana zip o	coue)						
•	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/05/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	City or to	own, of pregna	ncy terminatio	on	County of pregnancy termination MARION						
Patient's age**	N . 1	Date of pregnancy term	nination	Educat	ion						
28	Married ☐ Yes ■ No	05/05/20°		Lauca	ion	High Scho	ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Other	ek or Africa er	n American	Unknown	■ Not	nanic or Latino Hispanic or Latino				
	Number of spontaneo	us terminations			Number of induced terminations						
Other Termination	ns (Do not include this termin	1	), those mos	st recent.)	recent.)						
ı. <b>2016</b>	2. 2013	3. UNKNOWN	4.		5.		6				
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	110				•	None	☐ Uterine Perforation				
Fetus viable?	If viable, medical	reason for termination:			<del></del>	Hemorrhag	ge Cervical Laceration				
☐ Yes ■ No					☐ Infection ☐ Retained Products						
							Other (Specify)				
Pathological examin	nation If yes, results:										
performed?	No		Did this termination of pregnancy result in a maternal death?								
					Yes No						
Type of Termination Procedures											
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure that T	Terminated P	regnancy				
	urgical) Mifepristone				(Nonsurgical)						
	urgical) Misoprostol urgical) Other (Specify)			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Madical (Surgi	cal) Suction Curettage			☐ Medical	(Surgical) Su	ction Curatte					
☐ Medical (Surgi	cal) Menstrual Aspiration			■ Medical	(Surgical) Me	enstrual Asp	iration				
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgical) Otl	her ( <i>Specify)</i>					
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgical) proc	edures, ansv	ver the following question.				
Was the fetus viab ☐ Yes	ele or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
	_	1		☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.							
	tion was answered yes, comp	• •	ons.	_	_	•					
Was the fetus give ☐ Yes [	n the best opportunity to surv	vive?			is given the be Yes  \text{No}	est opportuni	ty to survive?				
What was the basi	s for determination that the p	regnant woman had a con	ndition	What was th	ne basis for de	termination	that the pregnant woman had a condition				
	rocedure to avert death or ser						ath or serious impairment to the pregnant				
woman:				woman.							
Date last normal me	neac hagar	nt	on actin	of gestation (i	n wasta)	D4 C	ertilization age of the fetus (in weeks)				
Date last normal me	04/15/2018	Physicia	an estimate	<b>6</b>	n weeks)	Post io	4				
_	tional age and post fertilization	on age determined?				ı					
ULTRASOUND											
Full name of physic	ian performing termination										
DR. SARAH JULIA											
	n performing termination (nu		te, and zip c	code)							
0090 GEORGE 10	8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
**Date Reported to DCS, if Patient under 16 (month, day, year):											
_							_				
DATE RECEIVI	ED BY ISDH (month, day,	year):					_				

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				town, of pregna	ncy term		County of pregnancy termination MARION			
Dadiana () steate		l D-4 C		l n 1	4:					
Patient's age** 26	Married ☐ Yes ■ N	Date of pregnancy <b>05/05</b>	termination 5/2018	Educa	tion	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islande Number now livir	er 🔳 White 🔲	Black or Afric Other	can American	Unki		nnic or Latino Hispanic or Latino Unknown			
Other Termination	Number of sponta	neous terminations			Numbe	er of induced termi	-			
	as (Do not include this ter		ix (6), those m	nost recent.)			1			
1. 2017		3		4		5 6  Complication(s) of Pregnancy Termination				
Fetus delivered alive	• •	of time fetus survived:								
				■ None  ☐ Hemorrhag	Uterine Perforation					
Fetus viable?	, and the second						e Cervical Laceration			
☐ Yes ■	No					☐ Infection	Retained Products			
						Other (Spec	cify)			
Pathological examin performed?	ation If yes, results:									
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
	1									
			Type of Term	ination Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure t	that Terminated Pr	regnancy			
	urgical) Mifepristone					gical) Mifepriston				
	argical) Misoprostol argical) Other (Specify)					gical) Misoprostol gical) Other (Spec				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Menstrual Aspiratio	n			(Surgical	l) Menstrual Aspi				
i Wedicai (Surgio	cal) Other (Specify)			Medical	(Surgical	l) Other (Specify)				
	-1)	- f-11i		EM-dil	(C:1)	\	4-6-11			
	al) procedures, answer th	• •	2		Medical (Surgical) procedures, answer the following question.					
Was the fetus viab	le or have a post fertiliza  No	tion age at least 20 week	s?			viable or have a post fertilization age at least 20 weeks? s				
If the previous quest	tion was answered yes, co	omplete the following qu	estions.	If the previou	is questio	n was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes ☐	n the best opportunity to	survive?			us given t Yes	the best opportunit	ty to survive?			
			11.1		_					
that required the pr	s for determination that the rocedure to avert death or			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
D. C.		Γυ.				T				
Date last normal me	nses began 03/15/2018	Phy	ysıcıan estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)  6			
_	tional age and post fertili	zation age determined?				1				
ULTRASOUND										
Full name of physics	ian performing termination	on								
DR. SARAH JULIA	TURNER			_						
* *	n performing termination WN ROAD, INDIANAF	•	, state, and $\overline{zip}$	o code)						
	,									
**Date Reported	to DCS, if Patient und	er 16 (month, day, year	):				-			
DATE RECEIVE	ED BY ISDH (month,	day, year):05/05/2018	<b>B</b>				-			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_05/05/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Addr	ess 81) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or City or	town, of pregnar	ncy termination	County of pregnancy termination  MARION					
		nancy termination	Educat							
Race American Indian or	☐ Yes ■ No ☐ Asian	05/05/2018  ☐ Black or Afri	can American	Eth	School Diploma or GED nicity Hispanic or Latino					
Native Hawaiian or Live Births:	Other Pacific Islander White  Number now living	Other			Not Hispanic or Latino Unknown ed					
Other Terminations:	Number of spontaneous termination			Number of induced to	(umber of induced terminations					
	Oo not include this termination. If more	than six (6), those n	nost recent.)		0					
			4		mplication(s) of Pregnancy Termination					
Fetus delivered alive?  Yes No	If yes, length of time fetus survi	ved:		■ None						
		Hemor	_							
Fetus viable?	If viable, medical reason for terr	☐ Infecti	_							
			(Specify)							
Pathological examination										
performed?  Did this termination of pregnancy result in a maternal death Yes No										
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgion				(Nonsurgical) Mifepr						
Medical (Nonsurgion Medical (Nonsurgio Me				(Nonsurgical) Misopo (Nonsurgical) Other (						
Medical (Surgical)				(Surgical) Suction Cu						
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Menstrual (Surgical) Other (Spe						
For Medical (Surgical) p	procedures, answer the following quest	ion.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ I	r have a post fertilization age at least 20 No	) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	was answered yes, complete the follow	ring questions.	If the previous	s question was answer	red yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ 1	e best opportunity to survive? No			is given the best oppo	rtunity to survive?					
	r determination that the pregnant woma dure to avert death or serious impairme				tion that the pregnant woman had a condition rt death or serious impairment to the pregnant					
Date last normal menses	s began	Physician estima	ite of gestation (in	n weeks) Pe	ost fertilization age of the fetus (in weeks)					
How were the gestationa	02/08/2018 al age and post fertilization age determi	ned?	9		7					
ULTRASOUND	5 I									
	Full name of physician performing termination  DR. SARAH JULIA TURNER									
Address of physician per	rforming termination (number and stre		p code)							
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					town, of pregna	ncy termination		County of pregnancy termination  MARION			
Patient's age**	Marrie		Date of pregnancy ter	rmination	Educa	tion					
17 Race		Yes No	05/04/2	2018			9th-12 Ethnicit	th, No Diploma			
American Indian Native Hawaiian	or Other		☐ Asian ☐ Bl☐ White ■ Ot		can American	Unknown Number now	■ Hisp	vanic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	ımber of spontaneou	0				0 Number of induced terminations				
Other Terminations  Dates of terminations	3.		ation. If more than six	(6) those m	ost recent )	Trumoer or me	adeed term	0			
1	2.		3			5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
	10						■ None Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination:	:			Hemorrhage Cervical Laceration				
☐ Yes ■ N	No						☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examina performed?	ation	If yes, results:									
■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC							is terminati es 🔳 N		It in a maternal death?		
			т	ne of Tame	ination Proced-	rec					
Procedure that Termi	ingted De	regnancy		pe or rermi	Additional Pr	res rocedure that Te	rminated D	reanancy			
Medical (Nonsu:	rgical) N	Misoprostol			☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol .			
Medical (Nonsu	rgicai) (	otner ( <i>specify)</i>			☐ Medical	(Nonsurgical)	Otner ( <i>spec</i>	cify)			
Madical (Sympic	ol) Cuat	ion Cumattaga			☐ Madical	(Surgical) Suct	tion Cumotte	100			
Medical (Surgice Medica	al) Men	strual Aspiration			☐ Medical	(Surgical) Mer	strual Aspi	iration			
Medical (Surgical)	ai) Otne	er (Specify)			Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgica	1) =======	dunes anaryon the fel	Having question		For Medical (	cal (Surgical) procedures, answer the following question.					
, ,	, 1		0 1								
Yes •		e a post tertifization	age at least 20 weeks?			us viable or have a post fertilization age at least 20 weeks? Yes  \text{No}					
If the previous questi	ion was a	answered yes, compl	ete the following ques	tions.	If the previou	s question was	answered y	res, complete the follo	owing questions.		
Was the fetus given		t opportunity to surv	ive?			us given the bes	t opportuni	ity to survive?			
	_	rmination that the n	egnant woman had a c	andition	_	_	rmination t	that the pregnant won	oon had a condition		
that required the pro			ious impairment to the		that require			ath or serious impairr			
woman?					woman?						
Date last normal men	nses bega	nn	Physic	cian estimat	te of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)		
	UNF	KNOWN			9	•		7	•		
How were the gestati	U		C								
Full name of physician performing termination  DR. JEFFREY D. GLAZER											
			mber and street, city, s	tate, and zip	code)						
1201 N ARLINGTO	N AVE,	INDIANAPOLIS,	IN 46219								
**Date Reported t	to DCS	if Patient under 1	6 (month. day. vear):								
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/07/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City or	town, of pregna	-			County of pregnancy termination  MARION		
Patient's age**	Marri	ed	Date of pregnancy terr	nination	Educa	tion					
19		Yes No	05/04/20	18					ollege, No Degre	e	
Race American Indian Native Hawaiian	or Oth		Asian Black Oth		can American		iknown oer now d	Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:			0					uced termin	0		
Other Termination	15.	Number of spontaneou	0			Numi	ber of indi	uced termin	0		
Dates of termination	is (Do n		ation. If more than six (6		ost recent.)		5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complic	cation(s) of Pregna	ncy Termination	
☐ Yes ■	No						■ N	None	☐ Ute	rine Perforation	
							☐ F	Hemorrhage	e 🔲 Cer	vical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection	— □ Ret	ained Products	
								Other (Spec	_	aniou i roducis	
Pathological examin	hological examination If yes, results:								луу)		
performed?											
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  Yes No				
		•									
			Тур	e of Termi	nation Procedu	res_					
Procedure that Term	inated l	Pregnancy	ocedur	e that Ter	minated Pr	egnancy					
Medical (Nonsu	ırgical)	Mifenristone			☐ Medical	(Nonsu	rgical) N	lifepristone	e		
Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci			
iviedicai (Ivonst	iigicai)	Other (Specify)			Wiedical	(IVOIISU	ilgical) C	mei (speci	ijy)		
☐ Medical (Surgion Med		ction Curettage enstrual Aspiration						on Curettag strual Aspir			
Medical (Surgio	cal) Otl	ner (Specify)			☐ Medical	(Surgio	al) Other	r (Specify)			
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following q	uestion.	
Was the fetus viab		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following questi-	ons.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	llowing questions.	
Was the fetus given ☐ Yes ☐		est opportunity to surv	rive?			us givei Yes [		opportunit	y to survive?		
What was the basis	s for det	termination that the pr	regnant woman had a co	ndition	What was t	he basis	for deter	mination th	hat the pregnant w	oman had a condition	
that required the property woman?	rocedur	e to avert death or ser	ious impairment to the p	regnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant	
Date last normal me	nses he	gan	Physici	an estimat	e of gestation (	in week	5)	Post fer	rtilization age of th	ne fetus (in weeks)	
	03	/02/2018		Comilat	7	. ,,	- /	1 550 101	5		
How were the gestat		ge and post fertilization	on age determined?								
OLIKASUUND EX	MININ/	TION									
Full name of physici	ian nerf	orming termination									
DR. JEFFREY D. G											
Address of physician 1201 N ARLINGTO		•	mber and street, city, sta	ite, and zip	code)						
1201 N ANLINGTO	/IN M V E	-, INDIAINAPULIS,									
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year): _						_		
•		ISDH (month, day,									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219			City or to	own, of pregna			County of pregnancy termination  MARION		
Patient's age** Married		Date of pregnancy term		Educa	tion		saista Dannas		
Race Yes	■ No	05/04/201	18			Asso Ethnicity	ociate Degree		
American Indian or Alaska Nativ	_			n American		☐ Hispa	anic or Latino		
Native Hawaiian or Other Pacific  Live Births:  Number no		■ White ☐ Othe	Т			known Not I ber now deceased	Hispanic or Latino Unknown		
Number of		0 s terminations			Numh	per of induced termi	0 nations		
Other Terminations: Number of Dates of terminations (Do not include		0	\ <b>4</b> h aga <b></b> a	of 400044 )			0		
·				si receni.) 		5	6		
<u> </u>		ne fetus survived:		Complication(s) of Pregnancy Termination					
☐ Yes ■ No				■ None ☐ Uterine Perforation					
				☐ Hemorrhage ☐ Cervical Laceration					
	eason for termination:								
☐ Yes ■ No				☐ Infection ☐ Retained Products					
						Other (Specify)			
Pathological examination If yes, performed?	results:								
Yes No							on of pregnancy result in a maternal death?		
						☐ Yes ■ N	0		
		Туре	of Termin	ation Procedur	res				
Procedure that Terminated Pregnancy	7			Additional Pr	ocedure	e that Terminated Pr	regnancy		
Medical (Nonsurgical) Mifepris	tone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
Medical (Nonsurgical) Misopros Medical (Nonsurgical) Other (Sp	stol					rgical) Misoprosto rgical) Other (Spec			
intedical (Nonsairgical) Other (Sp	ρεείζιγή			Wicalcar	(1101130	rgicar) Other (Spec	937		
☐ Medical (Surgical) Suction Cure ☐ Medical (Surgical) Menstrual A				☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration		
Medical (Surgical) Other (Special Special Spec				Medical	(Surgic	al) Other (Specify)			
For Medical (Surgical) procedures, ar	nswer the foll	owing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
Was the fetus viable or have a post				Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes No	ierumzauon a	ge at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered	d yes, comple	ete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus given the best opportu	unity to survi	ve?		Was the feti	ıs giver	the best opportuni	ty to survive?		
Yes No					res [		,		
What was the basis for determination							hat the pregnant woman had a condition		
that required the procedure to avert woman?	death or serio	ous impairment to the pro	egnant	that required woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant		
Data last marror 1 1		l m	un aati 1	of an-t-t' '	1	a)   D . C	milligation and of the fature (1)		
Date last normal menses began 03/25/2018	3	Physicia	ııı estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  3		
How were the gestational age and pos		age determined?							
ULTRASOUND EXAMINATION									
Full name of physician performing termination									
DR. JEFFREY D. GLAZER  Address of physician performing term	nination (nun	nber and street, city state	e, and zin a	code)					
1201 N ARLINGTON AVE, INDIAN		•	, sop C	···/					
**Date Reported to DCS if Potic	ent under 14	(month day year)							
**Date Reported to DCS, if Patient under 16 (month, day, year):									

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219  City or town, of p					ncy terminati	on	County of pregnancy termination MARION			
Patient's age**	Manifed	Date of pregnancy term	nination	Educat	ion					
30	Married ☐ Yes ■ No	05/04/20 <sup>-</sup>		Educat		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Alaska Native or Other Pacific Islander Number now living	■ White ☐ Othe	k or African er	American	Unknow	n Not 1	anic or Latino Hispanic or Latino			
	Number of spontaneo	5 us terminations			Number of	induced termi	nations 0			
Other Termination	s:   The state of	5	) those most	t recent )			0			
1. <b>2004</b>	2. 2004	3. <b>2005</b>		2005	<del>:</del>	<sub>5.</sub> 2009	6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
Yes •	NO				I	] None	☐ Uterine Perforation			
Fetus viable?	If viable medical	reason for termination:			<b></b> □	] Hemorrhag	e Cervical Laceration			
Yes I	· · · · · · · · · · · · · · · · · · ·	reason for termination.		☐ Infection ☐ Retained Products						
				☐ Other (Specify)						
Pathological examination										
performed?	No CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did	this terminati	on of pregnancy result in a maternal death?			
		Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No								
Type of Termination Procedures										
Procedure that Term	inated Pregnancy			Additional Pro	ocedure that	Terminated P	regnancy			
	argical) Mifepristone					) Mifepriston				
Medical (Nonsu  Medical (Nonsu	rgical) Misoprostol other (Specify)					) Misoprosto ) Other (Spec				
Medical (Surgional Control of the Control of t	cal) Suction Curettage		(Surgical) S	uction Curetta						
☐ Medical (Surgio	cal) Menstrual Aspiration			☐ Medical	(Surgical) M	lenstrual Aspi	ration			
Medical (Surgio	cal) Other (Specify)			∐ Medical	(Surgical) O	ther (Specify)				
For Medical (Surgical	al) procedures, answer the fo	llowing question.	]	For Medical (	Surgical) pro	cedures, answ	ver the following question.			
	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was answered yes, comp	lete the following questio	ons.	If the previous	s question wa	as answered y	es, complete the following questions.			
Was the fetus give	n the best opportunity to sur	vive?			is given the b		ty to survive?			
	_		. 4141	_	_		1-441			
that required the pr	s for determination that the procedure to avert death or ser			that required			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	nses began 02/24/2018	Physicia	an estimate o	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)  8			
How were the gestat	ional age and post fertilization	on age determined?					•			
ULTRASOUND EX	AMINATION, PELVIC EX	AMINATION								
	Full name of physician performing termination  DR. JEFFREY D. GLAZER									
Address of physician	n performing termination (nu		te, and zip co	ode)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
**D : D	DCG 'CD '									
•	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or t		ncy termination	County of pregnancy termination MARION				
Patient's age**	Married	Date of pregnancy term	nination	Educat	ion					
30	Yes No	05/04/20°			Вас	helor's Degree				
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Other		an American		y panic or Latino Hispanic or Latino				
Live Births:	Number now living	0				0				
Other Termination		0			Number of induced term	0				
Dates of termination	ns (Do not include this termin	nation. If more than six (6			5.	6.				
Fetus delivered alive		ime fetus survived:			Compl	cation(s) of Pregnancy Termination				
☐ Yes ■	No				■ None	☐ Uterine Perforation				
7	70			Hemorrhage Cervical Laceration						
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	l reason for termination:			☐ Infection	Retained Products				
					Other (Specify)					
Pathological examir	nation If yes, results:			Guier (speetijy)						
performed?		LLAE, GESTATIONAL	SAC	District and the formation of the second sec						
■ Yes	No official of the	ELAL, OLOTATIONAL	<u> </u>	Did this termination of pregnancy result in a maternal death  Yes  No						
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pro	ocedure that Terminated I	Pregnancy				
	urgical) Mifepristone				(Nonsurgical) Mifepristo					
	urgical) Misoprostol urgical) Other (Specify)				(Nonsurgical) Misoprosto (Nonsurgical) Other (Spe					
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgical) Suction Curett	age				
Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)				(Surgical) Menstrual Asp (Surgical) Other (Specify	iration				
Medical (Surgi	car) Other (Specify)			Wiedicar	(Surgical) Outer (Specify)					
	cal) procedures, answer the fo			For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab  ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	olete the following question	ons.	If the previous	s question was answered y	ves, complete the following questions.				
Was the fetus give	en the best opportunity to sur	vive?		Was the fetu	as given the best opportun	ity to survive?				
☐ Yes [					Yes □ No	•				
	s for determination that the perocedure to avert death or se					that the pregnant woman had a condition eath or serious impairment to the pregnant				
woman?	roccdure to avert death of se	nous impairment to the pr	regnant	woman?	i the procedure to avert de	auti of serious impairment to the pregnant				
Date last normal me	•	Physicia	an estimate	e of gestation (ii	n weeks) Post f	ertilization age of the fetus (in weeks)  5				
How were the gestar	UNKNOWN tional age and post fertilizati	on age determined?		7		3				
	KAMINATION, PELVIC EX									
Full name of physic DR. JEFFREY D. (	ian performing termination									
_	n performing termination (na	umber and street, city, stat	te, and zip	code)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS	IN 46219								
**Deta De	to DCS if Datient	16 (month 1								
_	to DCS, if Patient under					_				
DATE RECEIVI	ED BY ISDH (month, day	, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion					
20 Race		Yes No	05/04/20	18			Some Co	ollege, No Degree			
☐ American Indian ☐ Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now d	☐ Hispa ■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			0			Number of ind		0			
Other Termination	3.	umber of spontaneou	0		0						
Dates of termination	s ( <i>Do no</i> 2		ation. If more than six (6			5.		6.			
Fetus delivered alive	?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
Yes I	No					1	■ None ☐ Uterine Perforation				
T		TC : 11 1: 1				D	Hemorrhage Cervical Laceration				
Fetus viable?  Yes  1	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
							Other (Spec	cify)			
Pathological examin	ation	If yes, results:					(~ <i>p</i>	- 577			
performed?  • Yes		CHORIONIC VII	LAE, GESTATIONAL	SAC		B:1.1:	Did this termination of pregnancy result in a maternal death?				
i res	NO	OHORIONIO VIL	LAL, GLOTATIONAL			Did this			It in a maternal death?		
			Туро	e of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu					(Nonsurgical) N						
Medical (Nonsu					(Nonsurgical) N (Nonsurgical) C						
_ `	,				_						
Medical (Surgional Control Contro	eal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	ura			
☐ Medical (Surgio	cal) Mer	strual Aspiration				(Surgical) Mens	strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) Other	r (Specify)				
									_		
For Medical (Surgical	al) proce	dures, answer the fol	llowing question.		For Medical (	or Medical (Surgical) procedures, answer the following question.					
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the best Yes	opportuni	ty to survive?			
				1:4:	_	_		1-441	1 1 14:		
that required the pr			egnant woman had a con lous impairment to the p		that required			hat the pregnant won ath or serious impair			
woman?					woman?						
D. I.					6	7	l n		C (		
Date last normal me	_	an 11/2018	Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the <b>5</b>	ieius (in weeks)		
How were the gestat	·		C				ı				
ULTRASOUND EX	AMINA	HON, PELVIC EX	AMINATION								
Full name of physici	ian nerfo	rming termination									
DR. JEFFREY D. G	SLAZEF	R									
Address of physician 1201 N ARLINGTO		,	mber and street, city, sta	te, and zip	code)		·				
1201 N ANLINGTO	/13 AVE	, INDIANAFULIS,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
_	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLI INDIANAPOLIS, IN, 46219	S - 1201 N ARLINGTON AVE,	City or	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
	<del>,</del>		<b>,</b>						
Patient's age**  22	_	ancy termination 05/04/2018	Educa	tion	Some Col	lege, No Degree			
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific	Islander  White	■ Black or Afric □ Other	an American	Unknown	☐ Hispar ■ Not Hi	nic or Latino ispanic or Latino	Unknown		
Live Births: Number no	w living 0			Number now d	eceased	0			
Other Terminations: Number of	spontaneous terminations			Number of ind	uced termina	ations 0			
Dates of terminations (Do not include  1. 2.	this termination. If more to	han six (6), those m	ost recent.)	5.		6.			
	length of time fetus surviv	red:			Complica	ation(s) of Pregnanc	y Termination		
☐ Yes ■ No	-			• 1	None	☐ Uterin	e Perforation		
E	1, 1	• ,•	Hemorrhage Cervical Laceration						
Fetus viable? If viable    Yes No	e, medical reason for term	imation:	☐ Infection ☐ Retained Products						
					Other (Speci	fv)			
Pathological examination If yes,	results:				(~p	137			
performed?	IONIC VILLAE, GESTA	TIONAL SAC							
Yes No CHOR	ONIC VILLAL, GLOTA	TIONAL DAG		Did this			t in a maternal death?		
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical) Mifeprist				(Nonsurgical) M					
☐ Medical (Nonsurgical) Misopros ☐ Medical (Nonsurgical) Other (Sp			Medical Medical	(Nonsurgical) M (Nonsurgical) C	Aisoprostol Other ( <i>Specif</i>	fy)			
Medical (Surgical) Suction Cure	tage		Medical	(Surgical) Sucti	on Curettage	e			
Medical (Surgical) Menstrual As Medical (Surgical) Other (Specif	piration			(Surgical) Mens (Surgical) Other	strual Aspira	ntion			
	y)		Wiedicai	(Surgicar) Other	і (зресцу)				
For Medical (Surgical) procedures, an			For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or have a post for the Yes ■ No	ertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered	yes, complete the following	ng questions.	If the previou	s question was a	nswered yes	s, complete the follo	wing questions.		
Was the fetus given the best opportu  ☐ Yes ☐ No	nity to survive?			us given the best	opportunity	to survive?			
What was the basis for determination	that the pregnant woman	had a condition		_	mination the	at the pregnant won	nan had a condition		
that required the procedure to avert of			that require				nent to the pregnant		
woman?			woman?						
			•						
Date last normal menses began 02/16/2018		Physician estimat	e of gestation (i	n weeks)	Post fert	tilization age of the <b>10</b>	fetus (in weeks)		
How were the gestational age and post	fertilization age determin	ed?	- <del>-</del>						
ULTRASOUND EXAMINATION, P	ELVIC EXAMINATION								
Full name of physician performing ter DR. JEFFREY D. GLAZER	mination								
Address of physician performing term 1201 N ARLINGTON AVE, INDIAN		t, city, state, and zip	code)						
1201 IN AILLINGTON AVE, INDIAN	IAI OLIO, IN 40219								
**Date Reported to DCS, if Patie	nt under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (m	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, IDIANAPOLIS, IN, 46219					City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educa	tion						
19		Yes No	05/04/20	18			Hi		ol Diploma or	GED		
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		an American		nknown oer now de	Not H	nic or Latino Iispanic or Latin	.0	☐ Unknown	
Live Births:	N	fumber of spontaneou	0					iced termin	0			
Other Termination	.5.		0	C) .1		INUIII	bei of muc	icea terriiri	0			
Dates of termination	is (Do no		ation. If more than six (6				5		6			
Fetus delivered alive	?	If yes, length of ti						Complic	ation(s) of Pregi	nancy	Termination	
☐ Yes ■	No						■ N	Vone	□ U	terine	Perforation	
							□н	Iemorrhage	e 🗆 C	ervica	l Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection	П г	etaine	d Products	
								Other (Spec	_			
Pathological examin	ation	If yes, results:						инст (Брес	ijy)			
performed?		ii yes, resuits.										
☐ Yes ■	No						Did this Yes			result	in a maternal death?	
		•					•					
			Тур	e of Termi	nation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedur	e that Terr	minated Pr	egnancy			
Medical (Nonsu	ırgical)	Mifepristone		☐ Medical	(Nonsu	ırgical) M	lifepristone					
Medical (Nonsu  Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) M	lisoprostol ther (Speci				
iviedicai (Nonst	iigicai)	Other ( <i>specify</i> )			iviedicai	(INOIISU	ilgical) O	uiei (speci	(Jy)			
☐ Medical (Surgion Med		tion Curettage nstrual Aspiration						on Curettag trual Aspir				
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgio	al) Other	(Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						) weeks?	
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s quest	ion was ar	nswered ye	s, complete the	follow	ing questions.	
		st opportunity to surv	rive?					opportunit	y to survive?			
☐ Yes [						Yes [						
			regnant woman had a cor ious impairment to the p								n had a condition ent to the pregnant	
woman?					woman?							
<u> </u>					<u> </u>							
Date last normal me	-		Physici	ian estimat	e of gestation (i	n week.	s)	Post fer	rtilization age of		etus (in weeks)	
How were the gestat		18/2018 e and post fertilization	on age determined?		6					4		
ULTRASOUND EX	_	=	<u>-</u>									
										_		
Full name of physicion DR. JEFFREY D. C												
			mber and street, city, sta	ite, and zip	code)							
1201 N ARLINGTO												
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	acility Name and Address Rewomen's med center of Indianapolis - 1201 n arlington ave, Dianapolis, In, 46219					ncy termination		County of pregnancy termination MARION				
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion						
29 Race		Yes No	05/04/20	18			Some Co Ethnicity	ollege, No Degree				
☐ American Indian ☐ Native Hawaiian	or Othe		Asian Blac Oth		an American	Unknown Number now d	☐ Hispa ■ Not I	anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	4			Number of ind		0 nations				
Other Termination	s.	•	0	() (l		Number of ma	ucca termi	0				
Dates of termination	is (Do no		ation. If more than six (6			5		6				
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No					1	■ None ☐ Uterine Perforation					
Estus viable?		If wishle medical	reason for termination:			I	Hemorrhage Cervical Laceration					
Fetus viable?  Yes  1	No	ii viable, medicai	reason for termination:				nfection	☐ Retain	ned Products			
							Other (Spec	cify)				
Pathological examin	ation	If yes, results:										
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	. SAC		Did this	s terminati	on of pregnancy resu	It in a maternal death?			
			•			☐ Yes			it in a maternal death:			
			Тур	e of Termii	nation Procedur	res						
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Ter	minated Pr	regnancy				
Medical (Nonsu					(Nonsurgical) N							
☐ Medical (Nonsu ☐ Medical (Nonsu				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	.ge				
	cal) Mer	strual Aspiration				(Surgical) Mens (Surgical) Other		ration				
	,	(~ <i>F</i> 5))				(0.11-8-111)	- (~ <b>F 9</b> 5)					
For Medical (Surgic	al) proce	duras, answer the fol	lowing question		For Medical (	r Medical (Surgical) procedures, answer the following question.						
, ,	, 1		0 1			Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab.  Yes		e a post fertilization	age at least 20 weeks?			us viable of have Yes \[ \] No	a post ter	tilization age at least	20 weeks?			
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.			
		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?				
☐ Yes [					_	Yes No						
			egnant woman had a co- ous impairment to the p					hat the pregnant won ath or serious impair				
woman?					woman?	-		_				
Date last normal me	_	an <b>05/2018</b>	Physici	ian estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the <b>5</b>	fetus (in weeks)			
How were the gestat	ional ag	e and post fertilization	C		<u>-</u>							
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION									
E-11 C : : :	^											
Full name of physici DR. JEFFREY D. G												
1 2		,	nber and street, city, sta	ite, and zip	code)							
1201 N ARLINGTO	N AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under 1	6 (month, dav. vear):									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/07/2018											

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City	or town, of pregna	nncy termination	on	County of pregnancy termination MARION			
Patient's age**	Marrie	ad.	Date of pregnan	ncy termination	n Educa	tion					
42	_	Yes No		6/04/2018	Educe	uion	High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian	n or Othe			■ Black or At ■ Other	frican American	Unknown Number now	☐ Not	y panic or Latino Hispanic or Latino			
Live Births:	N	umber of spontaneou	2 us terminations			Number of in	nduced term	0 inations			
Other Termination  Dates of termination	15.	•	1	n sir (6) those	most recent )			2			
1. <b>2002</b>		2004	3. UNKNO		4	5.		6			
Fetus delivered alive		If yes, length of ti				•	Compli None Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Gervical Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termin	ation:		☐ Infection ☐ Retained Produ ☐ Other (Specify)					
Pathological examir performed?	nation	If yes, results:									
l *	No	CHORIONIC VIL	LAE, GESTATI	ONAL SAC	Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No						
				Type of Ter	mination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional P	rocedure that T	erminated P	Pregnancy			
Medical (Nonsi	urgical)	Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgi Medical (Surgi Medical (Surgi	cal) Mer	nstrual Aspiration			☐ Medical						
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question.		For Medical	(Surgical) proc	edures, ansv	wer the following question.			
Was the fetus viab ☐ Yes		re a post fertilization	age at least 20 we	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was	answered yes, comp	ete the following	questions.	If the previou	is question was	answered y	ves, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	ive?			us given the be Yes \[ \] No	est opportun	ity to survive?			
		ermination that the protection to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	_	an <b>08/2018</b>	1	Physician estin	nate of gestation (	in weeks)	Post fo	ertilization age of the fetus (in weeks)  3			
How were the gesta ULTRASOUND EX	-	=	_	1?							
Full name of physic DR. JEFFREY D. 0	_	-									
Address of physicia 1201 N ARLINGTO	n perforn	ning termination (nu		city, state, and	zip code)						
**Deta De	to DOS	if Dationt 1	6 (march 1	a and							
_	*Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):										

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Pelevic 's segor's   Morried   Osobo/2018   Date of programmy tertaination   Osobo/2018   Date of programmy tertaination   Osobo/2018   Date of programmy tertaination   Osobo/2018   Date of Ariska Native   Osobo/2018   Date of Aris	Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION			
Auto-   Path- Indian or Alacka Native   Auto-   Native   Black for Affician American	, ,									
Ansertion Inclain or Alaskin Native   Asian   Black or Affician Astocion   Unknown   Hospital Containing   H	_				Educa	tion	High Scho	pol Diploma or GED		
Name   Louenton or Other Perkirk Manufer   White   Other   O	Race		I.				Ethnicit	y		
Dute of certaination   Dute of special acoust terminations   Number of special acoust terminations   Number of special acoustics   Number of sudaced herminations	_	n or Other Pacific Islander			American		known I Not	anic or Latino  Hispanic or Latino  Unknown		
Disect   Communications   Topic of International   Disect   Disease   Dise	Live Births:							-		
Secondary   Seco		18.	2			Numb	per of induced term			
None   Decide Perforation					recent.)		5	6		
Petus viable?		, ,	ime fetus survived:				Compli	cation(s) of Pregnancy Termination		
Ferus viable?   If viable, medical reason for termination:       Infection     Retained Products	∐ Yes ■	No					■ None	☐ Uterine Perforation		
Pub-logical examination   If yes, results:   CHORIONIC VILLAE, GESTATIONAL SAC   Other (Specify)   Ves   No   No   No   No   No   No   No   N	Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
Pathological examination performed   Fryes, results:   CHORIONIC VILLAE, GESTATIONAL SAC					☐ Infection ☐ Retained Products					
CHORIONIC VILLAE, GESTATIONAL SAC   Did this termination of pregnancy result in a maternal death?   Yes   No   No   No   No   No   No   No   N					Other (Specify)					
Second Contents   No   Short Notice VILLAE, GESTATIONAL SAC   Did this termination of programmy result in a maternal deafth?   Yes   No   No   No   No   No   No   No   N		nation If yes, results:								
Type of Termination Procedures	l *	No CHORIONIC VII	LAE, GESTATIONAL	SAC				1 0 0		
Procedure that Terminated Pregnancy   Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Yes   No   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Was the fetus size of the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)     O2724/2018   Post fertilization age determined?   ULTRASOUND EXAMINATION, PELVIC EXAMINATION     Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)     Medical (Surgical) Suction Curettage   Port Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Other (Specify)   Port Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Other (Specify)							Yes 🖪 N	0		
Procedure that Terminated Pregnancy   Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Yes   No   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Was the fetus size of the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)     O2724/2018   Post fertilization age determined?   ULTRASOUND EXAMINATION, PELVIC EXAMINATION     Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)     Medical (Surgical) Suction Curettage   Port Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Other (Specify)   Port Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Other (Specify)			Tyne	of Terminat	ion Procedu	res				
Medical (Nonsurgical) Miseprestone   Medical (Nonsurgical) Miseprestone   Medical (Nonsurgical) Miseprestol   Medical (Nonsurgical) Miseprestol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstraal Aspiration   Medical (Surgical) Menstraal Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   No   Yes   No   Yes   No   No   Yes   No   No   Yes   Yes   No   Yes	Procedure that Term	ninated Pregnancy	JI.				e that Terminated F	regnancy		
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Medical (Surgical) Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   Medical (Surgical) procedures, answer the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus giv										
Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following of the feast 20 weeks?   Medical (Surgical) Procedures, answer the following of the feast 20 weeks?   Medical (S		urgical) Misoprostol		1 =	Medical	(Nonsu	rgical) Misoprosto	1		
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   No   No   No   No   No   N	Wedlear (140iist	urgical) Other (Specify)			Incured (Noticington) Office (opecity)					
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   No   No   No   No   No   N	Medical (Surgi	cal) Suction Curettage		<sub></sub>	☐ Medical	(Surgic	eal) Suction Curett			
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportuni	☐ Medical (Surgio	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Asp	iration		
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   7    How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Pull name of physician performing termination (number and street, city, state, and zip code)  **Date Reported to DCS, if Patient under 16 (month, day, year):	☐ Medical (Surgio	cai) Other ( <i>specify</i> )			Wiedicai	(Surgic	ai) Ouiei (specify)			
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   7    How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Pull name of physician performing termination (number and street, city, state, and zip code)  **Date Reported to DCS, if Patient under 16 (month, day, year):	Eor Madical (Surgice	pal) procedures answer the fo	Mouring question	_	For Madical	Currie	al) progoduras, ansi	ver the following question		
Yes   No     Yes   No       Yes   No       Yes   No       Yes   No       Yes   No       Yes   No       Yes   No       Yes   No       Yes   No   No     Yes   No   No     Yes   No   No   No   Yes   No   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N				ı			•			
Was the fetus given the best opportunity to survive?    Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)     The week of the procedure to avert death or serious impairment to the pregnant woman?    Pull name of physician performing termination (number and street, city, state, and zip code)			age at least 20 weeks?							
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  02/24/2018  Physician estimate of gestation (in weeks)  7  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):	If the previous quest	tion was answered yes, comp	olete the following question	ons. I	f the previou	s quest	ion was answered y	es, complete the following questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O2/24/2018  Physician estimate of gestation (in weeks)  O2/24/2018  Post fertilization age of the fetus (in weeks)  T  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):			vive?					ty to survive?		
that required the procedure to avert death or serious impairment to the pregnant woman?  that required the procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  7  The post fertilization age of the fetus (in weeks)  7  The procedure to avert death or serious impairment to the pregnant woman?  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)  7  **Date last normal menses began  Physician estimate of gestation (in weeks)  9  7  **Date last normal menses began  Physician performing termination (number and street, city, state, and zip code)  **Date last normal me		_	waanant waman had a aar	dition	_		_	that the prognant woman had a condition		
Date last normal menses began  O2/24/2018  Physician estimate of gestation (in weeks)  O2/24/2018  Post fertilization age of the fetus (in weeks)  T  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):  **Date Reported to DCS, if Patient under 16 (month, day, year):	that required the pr				that require					
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):	woman:				woman!					
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):										
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):	Date last normal me	enses began	Physicia	an estimate o	f gestation (i	n week	s) Post f	ertilization age of the fetus (in weeks)		
Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):		02/24/2018			-		, , , , ,	_		
Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):	_		-							
Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):		,								
Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219  **Date Reported to DCS, if Patient under 16 (month, day, year):										
**Date Reported to DCS, if Patient under 16 (month, day, year):			umber and street city star	te, and zin co	ode)					
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	wwD . T	DOG 10D 1	16							
05/07/201X	_							_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	I.,	Date of pregnancy term	ingtion	Education					
25	Married ☐ Yes ■ No	05/04/20		Educa	tion		ool Diploma or GED		
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ☐ Blac☐ White ☐ Othe		an American		known 🔳 Not I	√ anic or Latino Hispanic or Latino  ☐ Unknown		
Live Births:	Number now living	1				er now deceased	0		
Other Termination	Number of spontaneo	us terminations 0			Numb	er of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6)		ost recent.)					
Fetus delivered alive		me fetus survived:				Complic	olication(s) of Pregnancy Termination		
☐ Yes ■	, ,					None	☐ Uterine Perforation		
						☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:							
	110			☐ Infection ☐ Retained Products					
Pathological examin	nation If yes, results:					Other (Spec	cify)		
performed?	OLIO DIO NIIO NIII								
■ Yes □	No CHORIONIC VII	LAE, GESTATIONAL	SAC			Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?		
	·								
		Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
☐ Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec	l ifv)		
					(	-B	977		
Madical (Sympi	cal) Suction Curettage			☐ Madical	(Cumaia	al) Suction Curetta			
☐ Medical (Surgi	cal) Menstrual Aspiration			☐ Medical	(Surgical	al) Menstrual Aspi	ration		
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgica	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	elete the following question	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us given Yes [	the best opportunity No	ty to survive?		
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
wollian !				woman?					
Date last normal me	enses began	Physicia	ın estimat	e of gestation (i	n weeks	r) Post fe	ertilization age of the fetus (in weeks)		
	03/15/2018			6			4		
	tional age and post fertilization (AMINATION, PELVIC EX								
	ian performing termination								
DR. JEFFREY D. (	GLAZER  n performing termination (nu	unhar and street site of	o and -:-	code)					
	n performing termination (number of the performination (number of the performing termination (number of the performination (number of the performing termination (number of the performi	•	є, ина <i>z</i> ір	coue)					
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS, IN, 46219	S INDIANAPOLIS - 1201 N AR	RLINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 30  Race	ried Yes I No	Date of pregnancy term 05/04/20		Educat	tion	<b>Bach</b> Ethnicity	elor's Degree		
American Indian or Al Native Hawaiian or Ot	her Pacific Islander	☐ Asian ☐ Bla  ■ White ☐ Oth	ick or Africa ner	n American	Unknown	Hispa  Not H	anic or Latino Hispanic or Latino	Unknown	
Live Births:	Number now living	0		Number now deceased <b>0</b>					
Other Terminations:	Number of spontaneou	us terminations			Number of ind	uced termin	nations 0		
Dates of terminations (Do	not include this termin	ation. If more than six (	6), those mos	st recent.)	5		6		
Fetus delivered alive?		me fetus survived:				Complic	cation(s) of Pregnand	cy Termination	
☐ Yes ■ No					1	None	☐ Uteri	ne Perforation	
Estus vishla?	If viable medical	magan fan tamainatian.		☐ Hemorrhage ☐ Cervical Laceratio					
Fetus viable?  Yes No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products					
						Other (Spec	rify)		
Pathological examination	If yes, results:					suici (spec	-957		
performed?		LAE OFSTATIONAL	646						
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this			alt in a maternal death?	
		Тур	e of Termin	ation Procedur	res				
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical					(Nonsurgical) N				
☐ Medical (Nonsurgical ☐ Medical (Nonsurgical				Medical Medical	(Nonsurgical) N (Nonsurgical) C	ther (Spec	ify)		
Medical (Surgical) Signature	uction Curettage			Medical	(Surgical) Sucti	on Curetta	ge		
Medical (Surgical) M	Ienstrual Aspiration			■ Medical	(Surgical) Mens (Surgical) Other	strual Aspir	ration		
Medicai (Surgicai) O	uner ( <i>specify</i> )			☐ Medicai	(Surgical) Othe	і (зресіју)			
Ean Madical (Sympical) mag	and the fa	llowing question		For Medical (	Curciaal) muaaaa	lumas amarr	con the fellowing ave		
For Medical (Surgical) pro		0 1		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or h ☐ Yes ■ No		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question wa	as answered yes, compl	lete the following questi	ions.	If the previou	s question was a	nswered ye	es, complete the follows	owing questions.	
Was the fetus given the b  ☐ Yes ☐ No		vive?			us given the best	opportunit	ty to survive?		
What was the basis for d		regnant woman had a co	ondition	_	_	mination th	hat the pregnant wor	nan had a condition	
that required the procedu				that required				ment to the pregnant	
woman?				woman?					
		1				1-			
Date last normal menses b  0	egan 3/07/2018	Physic	ıan estimate	of gestation (i	n weeks)	Post fe	rtilization age of the 5	e tetus (in weeks)	
How were the gestational a	age and post fertilization								
ULTRASOUND EXAMIN	IATION, PELVIC EX	AMINATION							
r									
Full name of physician per DR. JEFFREY D. GLAZ									
Address of physician perfo	-		ate, and zip o	code)					
	,								
**Date Reported to DC	CS, if Patient under 1	6 (month, day, year): _					_		
DATE RECEIVED BY ISDH (month, day, year): 05/07/2018									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	Married	Date of pregnancy term		Educa	tion		saieta Dagres		
Race	☐ Yes ■ No	05/04/20	18			Asso Ethnicity	ociate Degree		
American Indian			k or Africar	n American		☐ Hispa	anic or Latino		
Live Births:	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not I ber now deceased	Hispanic or Latino Unknown		
	Number of spontages	2 us terminations			Numb	per of induced termi	0 nations		
Other Termination	ns:   Training of spontaneous   Training of	0	1) 41,000 1100	× ====================================			0		
1		3		a recent.)		5	6		
Fetus delivered alive	1	ime fetus survived:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	Uterine Perforation		
					e				
Fetus viable?		reason for termination:							
☐ Yes ■	NO			☐ Infection ☐ Retained Products					
				Other (Specify)					
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No						on of pregnancy result in a maternal death?		
						Yes N	0		
			-£T	-4: B - 1					
		Туре		ation Procedu					
Procedure that Term	ninated Pregnancy			Additional Pr	rocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepriston	e		
Medical (Nonst	urgical) Other (Specify)					rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	eal) Suction Curetta	σe		
☐ Medical (Surgio	cal) Menstrual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.		
Was the fetus viab	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	elete the following question	ons.	If the previou	is quest	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur No	vive?			us givei Yes [	n the best opportunit	ry to survive?		
What was the basi	s for determination that the p	oregnant woman had a con	ndition	What was the	he basis	for determination t	hat the pregnant woman had a condition		
that required the p	rocedure to avert death or ser			that require			th or serious impairment to the pregnant		
woman?				woman?					
			L						
Date last normal me	enses began 03/18/2018	Physicia	an estimate	of gestation (i	in week.	Post fe	rtilization age of the fetus (in weeks) 4		
How were the gestat	tional age and post fertilization	on age determined?					•		
ULTRASOUND EX	CAMINATION								
Full name of physic	ian performing termination								
_	n performing termination (nu	umber and street. city. star	te, and zip c	ode)					
	ON AVE, INDIANAPOLIS,	•							
**Date Reported	to DCS, if Patient under	16 (month, day, year):		<del></del>			_		
_	DATE RECEIVED BY ISDH (month day year). 05/07/2018								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION			
, , , ====			<u>I</u>							
Patient's age**	Married	Date of pregnancy term		Educa	tion	High Oct	cal Dinlama or CED			
Race	☐ Yes ■ No	05/04/20	18			High Sch Ethnici	ool Diploma or GED			
American Indian	n or Alaska Native n or Other Pacific Islander		k or African	American		☐ His	panic or Latino			
Live Births:	Number now living		er			nknown Not ber now deceased	Hispanic or Latino Unknown			
Other Termination	Number of spontaneo	us terminations			Numb	per of induced term				
	ns (Do not include this termin	2 nation. If more than six (6	), those most	t recent.)			0			
ı. <b>2007</b>	2. 2013	3	4		6					
Fetus delivered alive	, ,	ime fetus survived:				Compl	ication(s) of Pregnancy Termination			
l les E	110				☐ Uterine Perforation					
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Lacera						
Yes •		reason for termination.		☐ Infection ☐ Retained Products						
				Other (Specify)						
Pathological examin	nation If yes, results:									
performed?	No			Pildi e de Company						
les	NO					Yes • 1	tion of pregnancy result in a maternal death?			
		Туре	of Termina	tion Procedu	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristo	ne			
Medical (Nonsi	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprostorgical) Other (Spe	ol			
iviedicai (Nonsi	urgicar) Other (specify)			Wiedicai	(IVOIISU	ingical) Other (Spe	e tyy)			
	cal) Suction Curettage cal) Menstrual Aspiration					cal) Suction Curett cal) Menstrual Asp				
	cal) Other (Specify)		ļi			cal) Other (Specify				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	j	For Medical (	(Surgica	al) procedures, ans	wer the following question.			
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	ıs quest	ion was answered	yes, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us giver Yes [	n the best opportun	ity to survive?			
	_	moonant woman had a con	dition	_	_	_	that the pregnant woman had a condition			
that required the p	s for determination that the procedure to avert death or ser			that require			eath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	onses began 03/01/2018	Physicia	an estimate o	of gestation (i	n week:	s) Post i	fertilization age of the fetus (in weeks)  6			
_	tional age and post fertilization	on age determined?				1				
ULTRASOUND EX	KAMINATION									
Full name of physic <b>DR. JEFFREY D.</b>	ian performing termination  GLAZER									
_	n performing termination (nu	umber and street, city, stat	te, and zip co	ode)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS, if Patient under	16 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month day year). 05/07/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	acility Name and Address IE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, DIANAPOLIS, IN, 46219					ncy termination	l	County of pregnan	cy termination ARION		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
29 Race		Yes No	05/04/20	18			Some Co	ollege, No Degree			
☐ American Indiar ☐ Native Hawaiiar	or Othe		Asian Blac White Othe		an American	Unknown Number now	☐ Hisp  Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			2			Number of inc		0			
Other Termination	15.	umber of spontaneou	0			Number of me	iuceu terrin	2			
Dates of termination			ation. If more than six (6			5.		6.			
Fetus delivered alive	e?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	■ None ☐ Uterine Perforation				
							Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	☐ Retain	ned Products		
							Other (Spe	_			
Pathological examin	ation	If yes, results:				- Since (specify)					
performed?		11 9 05, 10 5 011.5				<del></del>					
☐ Yes ■	No					Did th			It in a maternal death?		
		•				•					
			Туро	e of Termin	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsu	urgical)	Mifepristone		☐ Medical	(Nonsurgical)	Mifepristor	ne				
Medical (Nonsu     Medical (Nonsu     Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsurgical)	Misoprosto	1			
i Wedicai (Nollst	ingicai)	Other ( <i>specify</i> )			Wiedicai	☐ Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgion Med		tion Curettage estrual Aspiration				(Surgical) Suct (Surgical) Mer					
Medical (Surgio						(Surgical) Other					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
						_					
			regnant woman had a contous impairment to the particular to the pa					that the pregnant wor ath or serious impair			
woman?					woman?						
Date last normal me	_	an 15/2018	Physici	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat			n age determined?		<u> </u>			4			
ULTRASOUND EX											
Full name of physic				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
			mber and street, city, sta	te, and zip	code)						
1201 N ARLINGTO	ON AVE	INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018										

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or t	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION				
Dation4' 44	T	Data of	inati	1 -	tion				
Patient's age** 23	Married ☐ Yes ■ No	Date of pregnancy term 05/04/20		Educa	Associate Degree				
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac☐ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino  Unknown		
Live Births:	Number now living	0			Numb	er now deceased	0		
Other Termination	Number of spontaneo	us terminations 0			Numb	er of induced termi	nations 0		
Dates of termination	ns (Do not include this termin			ost recent.)					
Fetus delivered alive		ime fetus survived:		4		5	cation(s) of Pregnancy Termination		
Yes •	, ,	ille fetus survivea.				■ None	Uterine Perforation		
						☐ Hemorrhag			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				_	_		
☐ Yes ■	No					☐ Infection	Retained Products		
	. 70					Other (Spec	cify)		
Pathological examin performed?	nation If yes, results:								
■ Yes □	No CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this termination  Yes N	on of pregnancy result in a maternal death?		
		Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spec	ify)		
Medical (Surgi	cal) Suction Curettage			Medical	(Surgic	al) Suction Curetta	σρ		
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
	car) Other (specify)			Wiedicai	(Surgic	ai) Other ( <i>specify)</i>			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	(Surgica	al) procedures, answ	er the following question.		
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	ıs questi	on was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us given Yes [	the best opportuni	ry to survive?		
	s for determination that the p	regnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition		
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began	Physicia	nn estimate	e of gestation (i	in weeks	r) Post fe	rtilization age of the fetus (in weeks)		
	UNKNOWN			6			4		
_	tional age and post fertilization (AMINATION, PELVIC EX	-							
	, =====								
	ian performing termination								
DR. JEFFREY D. (	GLAZER  n performing termination (nu	unher and street city state	e and sin	code)					
	ON AVE, INDIANAPOLIS,	•	с, ана лір	couc <sub>j</sub>					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	City or town	r town, of pregnancy termination County of pregnancy termi INDIANAPOLIS MARION							
							<u> </u>			
Patient's age** 26	Married  ■ Yes □ No	Date of pregnancy term 05/04/20		Educati	ion	9th-12	th, No Diploma			
Race						Ethnicity	<i>y</i>			
☐ American Indian☐ Native Hawaiian	or Other Pacific Islander	Asian Blac White Other	k or African A er	merican	Unknown	■ Not l	anic or Latino Hispanic or Latino  Unknown			
Live Births:	Number now living	3			Number now o		0			
Other Termination		1			Number of inc	luced termi	nations 0			
Dates of termination 2016	as (Do not include this termin	nation. If more than six (6		ecent.)	5		6			
Fetus delivered alive	<u> </u>	ime fetus survived:					cation(s) of Pregnancy Termination			
☐ Yes ■ 1	No				☐ Uterine Perforation					
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration						
Yes Tells Viable:		reason for termination.				Infection	☐ Retained Products			
				☐ Other (Specify)						
Pathological examin performed?	ation If yes, results:									
Yes	No CHORIONIC VII	LLAE, GESTATIONAL	SAC	Did this termination of pregnancy result in a maternal						
					☐ Ye	es 🔳 N	0			
Type of Termination Procedures										
Procedure that Term	singted Pragnancy	Турс			ocedure that Te	rminated D	ragnancy			
☐ Medical (Nonsu	urgical) Mifepristone urgical) Misoprostol			Medical (	Nonsurgical) I Nonsurgical) I	Misoprosto	1			
Medical (Nonsu	argical) Other (Specify)			Medicai (	Nonsurgical) (	Jiner ( <i>Spec</i>	(IJY)			
	1) 9 7 9		_	M 11 17						
☐ Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration			Medical (	Surgical) Suct Surgical) Men	strual Aspi				
Medical (Surgio	cal) Other (Specify)			Medical (	Surgical) Othe	er (Specify)				
				36.11.1.77			1 6 11			
, ,	al) procedures, answer the fo			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?	V		s viable or have es  \text{No}	e a post fer	ilization age at least 20 weeks?			
If the previous quest	tion was answered yes, comp	blete the following question	ons. If t	he previous	question was a	answered y	es, complete the following questions.			
	n the best opportunity to sur	vive?	v	Vas the fetu	s given the bes	t opportuni	ty to survive?			
☐ Yes [	_				es No					
that required the pr	s for determination that the procedure to avert death or se		regnant th	nat required			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			W	voman?						
Date last normal me	nses hegan	Dhysicia	an estimate of g	restation (:-	weeks)	Doct fo	ertilization age of the fetus (in weeks)			
Date last normal me	02/18/2018	Filysicia	an estimate of §	<b>10</b>	i weeks)	rost le	8			
_	tional age and post fertilizati (AMINATION, PELVIC E)	=								
SETTAGOUND EX	AAMINA HON, FELVIO EA									
Full name of physici	ian performing termination									
DR. JEFFREY D. C	GLAZER  n performing termination (nu	unhan and atmost situ ata	to and sin ood	۵)						
	ON AVE, INDIANAPOLIS,		л, ини хір сойв	-1						
-	D 00 10-									
-	*Date Reported to DCS, if Patient under 16 (month, day, year):  ATE RECEIVED BY ISDH (month, day, year): 05/07/2018									
DATE RECEIVE	TO BY ISDH (month dan	""", OD/0//2018								

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						ncy termination	County of pregnancy termination MARION				
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
28		Yes No	05/04/20	18			,	ociate Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	umber of spontaneou	1 s terminations			Number of inc		nations			
Other Termination	15.		ation. If more than six (6	those me	ost racant )			1			
2015	2		3			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	None	☐ Uterii	ne Perforation		
Fetus viable? If viable, medical reason for termination:							Hemorrhag	ge 🗌 Cervi	cal Laceration		
Yes No							☐ Infection ☐ Retained Products				
				Other (Spec	cify)						
Pathological examin	ation	If yes, results:									
performed?	No		Did this termination of pregnancy result in a maternal death?								
				☐ Ye			it in a maternal death.				
	Thurst of Thurston of the Paris										
Type of Termination Procedures											
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>						(Nonsurgical)					
Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio						(Surgical) Suct					
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) Men (Surgical) Othe					
	,	1 337			_		1 337				
For Medical (Surgic	al) proce	duras answar the fo	lowing question		For Medical (	(Surgical) proce	durae aneu	ver the following que	estion		
			• •		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
		t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
☐ Yes [	No					Yes No					
			egnant woman had a cor ous impairment to the pr					that the pregnant wor			
woman?					woman?	•		1	1 0		
Date last normal me	_	an 18/2018	Physicia	an estimate	of gestation (i	in weeks)	Post fe	ertilization age of the  5	fetus (in weeks)		
How were the gestat			n age determined?		<del></del>		]				
ULTRASOUND EX	AMINA	TION									
Eulin C. 1 1 1											
Full name of physicion DR. JEFFREY D. C											
1 ,			nber and street, city, star	te, and zip	code)						
1201 N ARLINGTO	ON AVE	INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS.	if Patient under 1	6 (month, day, year):								
DATE RECEIVE							<del> </del>				

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
Defined the	T	D-4 C	:·		4: _				
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term 05/04/201		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blaccond White ☐ Other		an American	☐ Unl		nnic or Latino Hispanic or Latino		
Live Births:	Number now living				Numb	er now deceased	0		
Other Termination	Number of spontaneou	us terminations			Numb	er of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	eation. If more than six (6)	), those m	ost recent.)					
I	T	31.		4	I	5Complie	cation(s) of Pregnancy Termination		
Fetus delivered alive	, , ,	me fetus survived:				■ None	Uterine Perforation		
						_	_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:			☐ Hemorrhag				
☐ Yes ■	No				☐ Infection	Retained Products			
B.1.1.1.1.	. TC 1:					Other (Specify)			
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this termination  Yes No	on of pregnancy result in a maternal death?		
	1								
		Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsui	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgica	al) Suction Curetta	ge		
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgica	al) Menstrual Aspi al) Other (Specify)	ration		
	(- <u>F</u> <u>-</u>				(~	, ( <i>-p yy</i> )			
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical	Surgica	1) procedures answ	ver the following question.		
	_				_	_			
Was the fetus viab	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes	the best opportunit	ty to survive?		
What was the basi	s for determination that the p	regnant woman had a con	dition	What was t	ne basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
woman:				woman:					
Date last normal me		Physicia	n estimat	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)		
How were the gestat	UNKNOWN tional age and post fertilization	on age determined?		8			6		
ULTRASOUND EX									
Full name of physic DR. JEFFREY D. (	ian performing termination GLAZER								
	n performing termination (nu	•	e, and zip	code)					
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year):								

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219  City					town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION	
	ı		T							
Patient's age** 31	Marrie	d Yes No	Date of pregnancy term 05/04/201		Educa	tion			ociate Degree	
Race American Indian Native Hawaiian Live Births:	or Othe	ka Native r Pacific Islander umber now living	■ White ☐ Othe		an American		ıknown ber now do	■ Not I	anic or Latino Hispanic or Latino  Unknown	
	N	umber of spontaneou	5 us terminations			Numb	per of indu	iced termin	nations	
Other Termination	15.		ation. If more than six (6)	those me	ast recent )				3	
1. <b>2010</b>		2011	2012		2015		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregnancy Termination	
Yes I	NO						■ N	Vone	☐ Uterine Perforation	
Fetus viable? If viable, medical reason for termination:							☐ H	Iemorrhag	e Cervical Laceration	
☐ Yes ■	No	·					☐ Iı	nfection	☐ Retained Products	
								Other (Spec	cify)	
Pathological examin	ation	If yes, results:								
performed?  Yes	No						Did this	termination	on of pregnancy result in a maternal death?	
							☐ Yes			
Type of Termination Procedures										
Procedure that Term	inated P	regnancy	2,500	01 1011111	Additional Pr		e that Terr	minated Pr	regnancy	
<ul><li>Medical (Nonsu</li></ul>	urgical)	Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepriston	e	
Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	Iisoprostol ther (Spec		
Wedical (Ivolise	irgicai)	Other (specify)			wiedicar	(140fisu	irgicai) O	tilei (Spec	997	
☐ Medical (Surgion Med		tion Curettage istrual Aspiration			Medical	(Surgic	al) Mens	on Curetta trual Aspir		
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	ures, answ	ver the following question.	
Was the fetus viab. ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was aı	nswered ye	es, complete the following questions.	
Was the fetus give: ☐ Yes [		st opportunity to surv	vive?			us giver Yes [		opportunit	ty to survive?	
What was the basis	s for dete	ermination that the p	regnant woman had a con	dition	What was t	he basis	for deter	mination tl	hat the pregnant woman had a condition	
			rious impairment to the pr						ath or serious impairment to the pregnant	
woman :					woman:					
Date last normal me	neae haa	an	Dhycicia	n actimate	e of gestation (	in waak	a)	Post fo	rtilization age of the fetus (in weeks)	
Date last normal me	_	16/2018	Thysicia	iii estiiiiate	8	n week.	3)	1 ost ic	6	
How were the gestat  ULTRASOUND EX	_	=	on age determined?							
ULTRASCOND EX	AMINA	TION								
Full name of physici	ian perfo	rming termination								
DR. JEFFREY D. C	SLAZEF	2								
Address of physician 1201 N ARLINGTO	_	-	mber and street, city, stat	e, and zip	code)					
		,								
**Date Reported	to DCS	, if Patient under	16 (month, day, year):						-	
DATE RECEIVE	ED BY	ISDH (month, day,	year):						_	

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	Marrie	d	Date of pregnancy te	rmination	Educa	ition					
27		Yes No	05/04/2	2018			Н		ol Diploma o	or GED	)
Race American Indian Native Hawaiian	or Othe			lack or Afric	can American		nknown oer now d	■ Not H	nic or Latino lispanic or La	tino	☐ Unknown
Live Births:	N	umber of spontaneou	1 sterminations			Numl	0 Number of induced terminations				
Other Termination	.5.		ation. If more than six	(6) those to		rvaine	or or ma		0		
1	2		3				5			6	
Fetus delivered alive		If yes, length of tin						Complic	ation(s) of Pre	egnancy	Termination
☐ Yes ■ I	No						■ N	None		Uterin	e Perforation
							☐ F	Hemorrhage	· 🗆	Cervic	al Laceration
Fetus viable?  If viable, medical reason for termination:  Yes No								nfection	П	Retain	ed Products
								Other (Spec	if <sub>v</sub> )		
Pathological examin	ation	If yes, results:						ouici (spec	997		
performed?											
■ Yes □			Did this			y resul	t in a maternal death?				
			Ty	pe of Term	ination Procedu	res					
Procedure that Term	inated P	regnancy			Additional P		e that Ter	minated Pr	egnancv		
☐ Medical (Nonsu								lifepristone			
☐ Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) M	1isoprostol			
Medical (Nonsu	irgicai)	Otner ( <i>Specify</i> )			Medical	(Nonsu	irgicai) C	Other (Speci	TY)		
Medical (Surgio		tion Curettage istrual Aspiration						on Curettag strual Aspir			
Medical (Surgio								r (Specify)			
For Medical (Surgical	al) proce	edures, answer the fol	llowing question.		For Medical	(Surgical	al) proced	lures, answ	er the following	ng ques	tion.
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following ques	tions.	If the previou	ıs quest	ion was a	nswered ye	s, complete th	ne follo	wing questions.
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fet	us give	n the best	opportunit	y to survive?		
☐ Yes ☐						Yes [			,		
			regnant woman had a c								an had a condition
woman?	roceaure	to avert death or sen	ious impairment to the	pregnant	woman?	a tne pi	ocedure t	o avert dea	tn or serious i	mpairm	nent to the pregnant
Date last normal men	nses beg	an	Physi	cian estima	te of gestation (	in week	s)	Post fer	tilization age	of the f	fetus (in weeks)
Ham. d		11/2018			6					4	
How were the gestat  ULTRASOUND EX	·		e								
		,									
Full name of physici	ian perfo	rming termination									
DR. JEFFREY D. G			1 1 .		7 )						
Address of physician 1201 N ARLINGTO			mber and street, city, s IN 46219	tate, and zij	p code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVE						-	-				

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Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educa	ducation						
23		Yes No	05/04/20				High School Diploma or GED					
Race American Indian Native Hawaiian	or Oth		Asian Blac White Other		an American		iknown oer now do	Not H	nic or Latino Iispanic or Lati	no	☐ Unknown	
Live Births:			0				0 Number of induced terminations					
Other Termination	15.	Number of spontaneou	0			Nullic	ber of mat	iced termin	0			
Dates of termination	is (Do n		ation. If more than six (6				5.		6.			
Fetus delivered alive	e?	If yes, length of ti						Complic	ation(s) of Preg	nancy	Termination	
☐ Yes ■	No						■ N	Vone	t	Jterin	e Perforation	
To the second se							□ H	Hemorrhage	e 🗆 (	Cervic	al Laceration	
Fetus viable? If viable, medical reason for termination:							П	nfection	П	Retain	ed Products	
								Other (Spec	_			
Pathological examin	ation	If yes, results:						жы (Брес	ijy)			
performed?												
☐ Yes ■ No							Did this			resul	t in a maternal death?	
		•										
Type of Termination Procedures												
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedur	e that Terr	minated Pr	egnancy			
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsu	rgical) V	lifepristone				
Medical (Nonsu  Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) M	lisoprostol ther (Speci				
iviedicai (Ivonst	iigicai)	Other (Specify)			Wiedicar	(IVOIISU	ilgical) O	uiei (speci	(Jy)			
☐ Medical (Surgion Med		ction Curettage nstrual Aspiration						on Curettag trual Aspir				
☐ Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical	(Surgic	al) Other	(Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	ures, answ	er the following	g ques	tion.	
Was the fetus viab		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						0 weeks?	
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	is quest	ion was aı	nswered ye	s, complete the	follo	wing questions.	
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us giver Yes [		opportunit	y to survive?			
What was the basis	s for det	ermination that the pr	regnant woman had a cor	ndition	What was the	he basis	for deter	mination th	nat the pregnant	wom	an had a condition	
			ious impairment to the pr								nent to the pregnant	
					Jiimii i							
Date last normal me	nses her	yan .	Physicia	an estimate	of gestation (i	in wook	<u>(2)</u>	Post for	tilization age o	f the f	etus (in weeks)	
	UN	KNOWN			7	week.		1 050 101	age 0	5	cas (iii weeks)	
		ge and post fertilization	on age determined?							_		
ULTRASOUND EX	AWINA	ATION										
Full name of physici	ian nerf	orming termination										
DR. JEFFREY D. C												
1 .		·	mber and street, city, sta	te, and zip	code)	_						
1201 N ARLINGTO	/N AVE	., INDIANAPULIS,	IIN 402 I 3									
**Date Reported	to DCS	5, if Patient under 1	6 (month, day, year):									
DATE RECEIVE									_			

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	City or town,	of pregnan	cy termination APOLIS		County of pregnancy termination MARION			
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term 05/04/201		Educati		ligh Scho	ool Diploma or GED		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe	k or African An		☐ Unknown	Ethnicity Hisp Not	y anic or Latino Hispanic or Latino		
Live Births:	Number now living	1			Number now	deceased	0		
Other Termination	Number of spontaneous:	us terminations 0			Number of inc	luced termi	nations 0		
	ns (Do not include this termin	*		cent.)					
Fetus delivered alive	2	me fetus survived:	4		5	Compli	cation(s) of Pregnancy Termination		
Yes Yes		me retus sur viveu.				None	☐ Uterine Perforation		
						Hemorrhag			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:					Retained Products		
	140								
Pathological examin	nation If yes, results:				_   '	Omer ( <i>Spe</i>	ctfy)		
performed?									
☐ Yes ■	No				Did thi		on of pregnancy result in a maternal death?		
		Туре	of Termination	Procedure	es				
Procedure that Term	ninated Pregnancy		Add	litional Pro	ocedure that Te	rminated P	regnancy		
Medical (Nonsu	urgical) Mifepristone				Nonsurgical) l				
Medical (Nonsu  Medical (Nonsu	urgical) Misoprostol urgical) Other (Specify)				Nonsurgical) l Nonsurgical) (				
☐ Medical (Surgio	cal) Suction Curettage		——   <del></del>	Medical (	Surgical) Suct	ion Curetta	ge		
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical (	Surgical) Men Surgical) Othe	strual Aspi	ration		
Wedicai (Suigit	cai) Outer ( <i>specify</i> )			Wiedicai (	Surgicar) Out	л (Бресцу)			
	1) 1			<b>3.5.1</b> 2.1.66			1.611		
, ,	eal) procedures, answer the fo	0 1					ver the following question.		
Was the fetus viab	le or have a post fertilization ☐ No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns. If th	ne previous	question was	answered y	es, complete the following questions.		
Was the fetus give	en the best opportunity to surv	vive?	w	as the fetu	s given the bes	t opportuni	ty to survive?		
☐ Yes [	□ No			□ Y	es 🗌 No				
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?		rous impunition to use pr	_	oman?	are procedure	to avert de	and of solitons impullment to the programs		
Date last normal me	enses began UNKNOWN	Physicia	an estimate of go	estation (in	weeks)	Post fe	ertilization age of the fetus (in weeks)  5		
How were the gestat	tional age and post fertilization	on age determined?		-			-		
ULTRASOUND EX	KAMINATION								
F 11									
DR. JEFFREY D. C	ian performing termination  GLAZER								
	n performing termination (nu		e, and zip code,	)					
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
_	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	IDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or t	or town, of pregnancy termination INDIANAPOLIS County of pregnancy ter MARIO					•			
Γ			T		T = .							
Patient's age**  37	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/04/20		Educa	tion		Some Co	llege, No Degree			
Race		res no	03/04/20	10				Ethnicity				
☐ American Indiar ☐ Native Hawaiiar			☐ Asian ☐ Blac ☐ White ☐ Othe		an American	□IIn	ıknown		nic or Latino lispanic or Latino	☐ Unknown		
Live Births:		lumber now living	3	,1				deceased	0	Chillown		
Other Termination	Ne. N	lumber of spontaneou				Numb	per of inc	duced termin	nations			
		ot include this termin	1 nation. If more than six (6	), those mo	ost recent.)				11			
1. 1997		2003	3		4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■	No						▣	None	☐ Uterin	ne Perforation		
								Hemorrhage	e 🔲 Cervio	cal Laceration		
Fetus viable?  If viable, medical reason for termination:  Yes No							П	Infection	□ Retair	ned Products		
										.eu 115uuets		
Dath alocical avamin	notion	If you mosulter						Other (Spec	ijy)			
Pathological examin performed?	iation	If yes, results:										
Yes • No								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
								25 🗀 110	,			
Type of Termination Procedures												
Procedure that Term	ninated P	regnancy			Additional Pr		e that Te	rminated Pro	egnancy			
Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsu	ırgical) l	Mifepristone	•			
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical)	Misoprostol Other (Speci				
- Wedlear (Fromse	urgreur)	Other (Speedy)				(1101154	ingicui)	outer (speet	137			
Medical (Surgio		tion Curettage nstrual Aspiration						tion Curettag Istrual Aspir				
Medical (Surgio	cal) Oth	er (Specify)						er (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question.		For Medical	(Surgica	al) proce	dures, answ	er the following ques	 stion.		
		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [	_	answered ves comp	lete the following questio	me	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.							
		st opportunity to surv		113.	•	•		·	y to survive?	wing questions.		
Yas the fetus give		st opportunity to surv	vive:			Yes [		соррогини	y to survive:			
			regnant woman had a con ious impairment to the pr						nat the pregnant won			
woman?	rocedure	to avert death of ser	rous impairment to the pr	egnam	woman?	u uie pr	ocedure	to avert dea	th or serious impairn	ient to the pregnant		
Date last normal me	enses beg	gan	Physicia	an estimate	e of gestation (i	in weeks	s)	Post fer	tilization age of the	fetus (in weeks)		
	03/	/19/2018			6				4	, ,		
How were the gestat			on age determined?	_				_				
ULTRASOUND EX	ANIINA	ATION										
Full name of where's	ian no-f-	rming termination										
Full name of physics DR. JEFFREY D. C	_	-										
1 *			mber and street, city, stat	te, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**D : D		· CD	167									
			16 (month, day, year): 05/07/2018									
DATE RECEIVI	ED BY	ISDH (month, day,	year):						_			

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or to	own, of pregna	•		County of pregnancy termination MARION				
Patient's age**	T.,	Date of pregnancy term	vination	Educa	tion				
22	Married ☐ Yes ■ No	05/04/20		Educa	tion	Bach	elor's Degree		
Race American Indian Native Hawaiian Live Births:		■ White ☐ Othe		ın American		Ethnicity Hispa known Not I per now deceased	anic or Latino		
Other Termination	Number of spontaneou	us terminations		Number of induced terminations					
	ns (Do not include this termin	0	) those mo	st recent.)			0		
1		3				5	6		
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
F				☐ Hemorrhag	e Cervical Laceration				
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products		
				Other (Specify)					
Pathological examin	nation If yes, results:					☐ Other (Spee	.1) )		
performed?									
☐ Yes ■	No					Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
	<u> </u>								
		Туре	of Termin	ation Procedu	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l ify)		
Modical (Surgi	cal) Suction Curettage			☐ Madical	(Suraio	al) Suction Curetta	gg.		
☐ Medical (Surgio	cal) Menstrual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi			
Medical (Surgio	cal) Other (Specify)				(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	nl) procedures, answ	ver the following question.		
	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?		
	s for determination that the p	reanant woman had a cor	ndition	_		_	hat the pregnant woman had a condition		
that required the pr	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began 03/19/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  3		
How were the gestat	tional age and post fertilization	on age determined?		•			<u> </u>		
ULTRASOUND EX	(AMINATION								
Full name of physics	ian performing termination								
	n performing termination (nu	mber and street, city, stat	te, and zip	code)					
	ON AVE, INDIANAPOLIS,	•	- 1	· 					
**Date Reported	to DCS, if Patient under	16 (month, day, year):				<del></del>	_		
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018								

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						ncy termination	County of pregnancy termination  MARION				
Patient's age**	Marrie	od.	Date of pregnancy	termination	Educa	tion					
26	_	Yes No		4/2018	Educa	Ass	ociate Degree				
Race American India Native Hawaiian	n or Othe		= =	Black or Afric	can American		ty panic or Latino Hispanic or Latino				
Live Births:			0			0 Number of induced terminations					
Other Termination	115.	fumber of spontaneou	0	· (6) 1		Number of madeed term	1				
Dates of termination 1. <b>2011</b>		ot include this termin	· ·			5	6				
Fetus delivered aliv		If yes, length of ti	me fetus survived:			Compl	ication(s) of Pregnancy Termination  Uterine Perforation				
							_				
Fetus viable?		If viable, medical	reason for termination	on:		☐ Hemorrha	_				
☐ Yes ■	No					☐ Infection ☐ Retained Products					
		70 1				Other (Sp.	ecify)				
Pathological examination performed?	nation	If yes, results:									
■ Yes □	No	CHORIONIC VIL	LAE, GESTATION		Did this termination of pregnancy result in a maternal death?  Yes No						
			,	Type of Term	ination Procedur						
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Terminated	Pregnancy				
☐ Medical (Nons☐ Medical (Nons						(Nonsurgical) Misoprost					
Medical (Nons					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgi					☐ Medical	(Surgical) Suction Curett	age				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				(Surgical) Menstrual Asp (Surgical) Other (Specify					
	,	( 1 00)				( ) ( ) ( )					
For Madical (Surgice	no1) proof	edures, answer the fo	llowing question		For Medical (	(Curried) procedures one	war the following question				
	_			2	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab		ve a post fertilization	age at least 20 week	s?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, comp	lete the following qu	estions.	If the previou	s question was answered	yes, complete the following questions.				
Was the fetus give ☐ Yes		st opportunity to surv	rive?			us given the best opportur	ity to survive?				
	_			4:4:	_	_	41-441				
that required the p		ermination that the part to avert death or ser			that require		that the pregnant woman had a condition eath or serious impairment to the pregnant				
woman?					woman?						
Date last manus -1	meas L-	ran	Di	reigion acti	te of gestation (i	in weeks   D-	Cartilization ago of the fetus (in month)				
Date last normal me	_	gan <b>/16/2018</b>	Pny	ysician estima	te of gestation ( <i>i</i>	n weeks) POST	Pertilization age of the fetus (in weeks)  8				
		e and post fertilization				·					
ULTRASOUND EX	AMININA	TION, FELVIC EX	AIVIIIVA I IUN								
Full name of physic	ian perfo	orming termination									
DR. JEFFREY D.											
Address of physicia 1201 N ARLINGTO	•	ning termination (nu		, state, and zip	o code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year	):							
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/07/2018										

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						ncy termination	County of pregnancy termination  MARION			
Patient's age**	Marriad		Date of pregnancy	termination	Educa	tion				
36	Married	Yes No		4/2018	Educa		nool Diploma or GED			
Race American India Native Hawaiian	n or Other		= =	Black or Afric	can American		ity panic or Latino t Hispanic or Latino			
Live Births:	Niv	mber of spontaneou	3			0 Number of induced terminations				
Other Termination  Dates of termination	115:	•	1	ain (6) than a		1				
2003		2006	•	six (0), inose m		5	6			
Fetus delivered aliv		If yes, length of ti	ne fetus survived:			Comp  None  Hemorrh:	lication(s) of Pregnancy Termination  Uterine Perforation  age Cervical Laceration			
Fetus viable?  Yes	No	If viable, medical	☐ Infection							
Pathological examination performed?	nation	If yes, results:								
l *	No	CHORIONIC VIL		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
				Type of Tarm	ination Procedu	res				
Drogodyna that T	ainatad D	ognonav		Type of Term			Prognancy			
Procedure that Tern  Medical (Nons Medical (Nons	urgical) M	lifepristone			☐ Medical	(Nonsurgical) Mifepristo (Nonsurgical) Misoprosi	one			
Medical (Nons					☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgi	cal) Mens	strual Aspiration			☐ Medical	(Surgical) Suction Curet (Surgical) Menstrual As (Surgical) Other (Specif	piration			
- M 1: 1/G :	1) 1				- M 1 1	(0 : 1) 1	4 6 11			
For Medical (Surgion  Was the fetus viab	ole or have		lowing question. age at least 20 week	xs?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous ques	_	newered vec. comn	ete the following a	uestions		_	yes, complete the following questions.			
	en the best	opportunity to surv		uestions.	Was the fett	us given the best opportuites  No				
			egnant woman had ous impairment to				a that the pregnant woman had a condition leath or serious impairment to the pregnant			
Date last normal me	_	n <b>5/2018</b>	Ph	ysician estima	te of gestation (i	n weeks) Post	fertilization age of the fetus (in weeks)			
How were the gesta	tional age	and post fertilization			J		7			
			<u> </u>							
Full name of physic	_	ming termination								
DR. JEFFREY D. ( Address of physicia		ing termination (nu	nber and street, cit	y, state, and zij	code)					
1201 N ARLINGTO	-	•	•		,					
**Data Danautad	to DCs	if Patient under 1	6 (month day	r)•						
_	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 1	6TH STREET SUITE B2, IN	DIANAPOLIS, IN 46222	City or tov	ty or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION					
Patient's age** 30 Marrie Race	d Yes No	Date of pregnancy terms 05/03/201		Educat		igh Schoo	ol Diploma or GEC	)	
☐ American Indian or Alas ☐ Native Hawaiian or Othe	_	Asian Black White Other	k or African er	American	Unknown Number now de	Hispar Not Hi	nic or Latino ispanic or Latino	Unknown	
	umber of spontaneous	3 terminations			Number of indu	uced termina	<b>0</b> ations		
Dates of terminations (Do no		11	), those mosi	t recent.)			2		
	UNKNOWN	3. UNKNOWN	4.		5		6		
Fetus delivered alive?  Yes No	If yes, length of tim	ne fetus survived:				Complica	ation(s) of Pregnancy	Termination	
					■ N	None	☐ Uterino	e Perforation	
Fetus viable?	If viable, medical re	eason for termination:				Hemorrhage	☐ Cervic	al Laceration	
☐ Yes ■ No					□ I	nfection	Retain	ed Products	
						Other (Speci	fy)		
Pathological examination performed?	If yes, results:								
■ Yes							in a maternal death?		
		Туре	of Termina	tion Procedur	res				
Procedure that Terminated P	regnancy	•			ocedure that Terr	minated Pre	gnancy		
☐ Medical (Nonsurgical)					(Nonsurgical) M				
Medical (Nonsurgical) Medical (Nonsurgical)	Misoprostol			Medical	(Nonsurgical) M (Nonsurgical) O	Isoprostol			
iviculcui (i vonsurgicui)	other (specify)				(I tolisuigical)	other (specij	<i>y)</i>		
Madical (Sussical) Sus	tion County			□ M-3:1	(Ci1) Ci	C			
Medical (Surgical) Suc Medical (Surgical) Mer	nstrual Aspiration			Medical	(Surgical) Suction (Surgical) Mens	strual Aspira			
Medical (Surgical) Oth	er ( <i>Specify</i> )			Medical	(Surgical) Other	r (Specify)			
For Medical (Surgical) proce	edures, answer the follo	owing question.		For Medical (	Surgical) proced	lures, answe	er the following ques	_ tion.	
Was the fetus viable or hav				,	e fetus viable or have a post fertilization age at least 20 weeks?				
☐ Yes ■ No				<del></del>	Yes □ No				
If the previous question was	•		ns.	_	_	-	s, complete the follow	wing questions.	
Was the fetus given the bes ☐ Yes ☐ No	st opportunity to surviv	ve?			is given the best es No	opportunity	to survive?		
What was the basis for dete							at the pregnant wom		
that required the procedure woman?	to avert death or serio	ous impairment to the pro	egnant	that required woman?	d the procedure to	o avert deat	h or serious impairm	ent to the pregnant	
Data last married	an an	Di · ·	n ostimi i	of gaststir (	m wacha)	Do-4 C	dilization are acid.	iotus (ir L-1	
Date last normal menses beg 02/	an <b>10/2018</b>	Physicia	ui estimate (	of gestation (i.	n weeks)	Post Ieri	tilization age of the f	cius ( <i>in weeks)</i>	
How were the gestational ag	e and post fertilization	age determined?				,			
Full name of physician perfo	Full name of physician performing termination  KATHLEEN GLOVER								
Address of physician perform 3607 WEST 16TH STREE		•	e, and zip co	ode)					
**Date Reported to DCS	, if Patient under 16				<del> </del>				
DATE RECEIVED BY	DATE RECEIVED BY ISDH (month, day, year): 05/08/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNE	CTICUT STREET,	City or	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
Dationt's as-**	T		Data of measurers t	ainetie-	T7.1	ion					
Patient's age** 33	Marri	ed ■ Yes 🗌 No	Date of pregnancy term <b>05/02/20</b>		Educat	High	School Diploma or GED				
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian Blace Oth		an American	Unknown •	hnicity Hispanic or Latino Not Hispanic or Latino				
Live Births:		Number now living	6			Number now decea	0				
Other Termination	15.	Number of spontaneou	0			Number of induced	terminations 1				
Dates of termination  1. UNKNOWN	ns (Do n		ation. If more than six (6		ost recent.)	5	6				
Fetus delivered alive			me fetus survived:			Co	omplication(s) of Pregnancy Termination				
☐ Yes ■	No					■ None	Uterine Perforation				
7		70				☐ Hemo	orrhage Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:			☐ Infect	☐ Infection ☐ Retained Products				
						☐ Other	(Specify)				
Pathological examin	nation	If yes, results:					(Speedy)				
performed?		, , , , , , , , , , , , , , , , , , , ,									
☐ Yes ■	No						mination of pregnancy result in a maternal death?  No				
			Тур	e of Termi	nation Procedur	es					
Procedure that Term	ninated I	Pregnancy			Additional Pr	ocedure that Termina	ated Pregnancy				
Medical (Nonsi						(Nonsurgical) Mifep					
☐ Medical (Nonsi		Other (Specify)				(Nonsurgical) Misor (Nonsurgical) Other					
Medical (Surgional Control Contro	cal) Suc	ction Curettage			☐ Medical	(Surgical) Suction C	Curettage				
	cal) Me	enstrual Aspiration			☐ Medical	(Surgical) Menstrua (Surgical) Other (Sp	l Aspiration				
Medical (Surgi	cai) Ou	ісі (Бресіју)			Wiedicar	(Surgical) Other (Sp	ectyy)				
	1)	1 .1 .0	11			G ' 1\ 1	a cu :				
		edures, answer the fo	• •			, i	, answer the following question.				
Was the fetus viab		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was answe	ered yes, complete the following questions.				
Was the fetus give ☐ Yes [		est opportunity to surv	vive?			is given the best oppo	ortunity to survive?				
		termination that the n	regnant woman had a co	ndition	_	<del>_</del>	ation that the pregnant woman had a condition				
that required the p			ious impairment to the p		that required		ert death or serious impairment to the pregnant				
woman?					woman?						
Date last normal me	nses be	gan	Physici	an estimat	e of gestation (in	n weeks)	Post fertilization age of the fetus (in weeks)				
	02	/11/2018			12	,	10				
How were the gestar ULTRASOUND	tional ag	ge and post fertilization	on age determined?								
Full name of physic	•	orming termination									
Address of physicia		ming termination (nu	mber and street, city, sta	te, and zir	(code)						
8645 CONNECTIO	•		•	, <b>v</b> p							
**Da4- D 1	*Date Reported to DCS, if Patient under 16 (month, day, year):										
_											
DATE RECEIVI	ED BY	ISDH (month, day,	<i>year</i> ):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t	town, of pregna	ncy termination	on	County of pregnance	y termination AKE		
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion					
27		Yes No	05/02/20	18				2th, No Diploma			
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown	Not	y vanic or Latino Hispanic or Latino	Unknown		
Live Births:			2			Number of in		0			
Other Termination	15.	umber of spontaneou	1	\ .1		Nulliber of h	ilduced term	1			
Dates of termination 1. <b>2017</b>			ation. If more than six (6		,	5.		6			
Fetus delivered alive		If yes, length of tin				Complication(s) of Pregnancy Termination					
☐ Yes ■	No				■ None ☐ Uterine Perforation						
Fetus viable?		If viable medical	reason for termination:			☐ Hemorrhage ☐ Cervical Laceration					
Yes Yes	No	ii viable, medicar	reason for termination.				Infection	☐ Retain	ed Products		
							Other (Spe	ecify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did t	his terminat	ion of pregnancy resul	t in a maternal death?		
			Туре	of Termin	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that T	Terminated P	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
Medical (Nonsu						(Nonsurgical)					
Medical (Surgio						(Surgical) Su					
Medical (Surgio		nstrual Aspiration er (Specify)				(Surgical) Me (Surgical) Ot					
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proc	edures, ansv	wer the following ques	 tion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or ha	ve a post fer	tilization age at least 2	20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following questio	ns.	If the previou	s question was	s answered y	ves, complete the follow	wing questions.		
		t opportunity to surv	ive?				est opportuni	ity to survive?			
☐ Yes [	_				_	Yes No					
			egnant woman had a con ous impairment to the pr					that the pregnant wom ath or serious impairn			
woman?					woman?						
Data last 1	nges 1-		Di	n ceti-	a of cast-ti	in west-1	D- + C	outilization C.1	fotus (in		
Date last normal me	_	an <b>27/2018</b>	Physicia	ui estimate	e of gestation (i	n weeks)	POST I	ertilization age of the t	icius ( <i>in weeks)</i>		
How were the gestat	tional age	e and post fertilization	n age determined?				,				
ULTRASOUND											
Full name of physici	ian perfo	rming termination									
DR. MANDY GITTI	LER	_			_						
Address of physician 8645 CONNECTIC	-	-	nber and street, city, stat LLE, IN 46410	e, and zip	code)						
			·								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/08/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 80	645 CONNE	CTICUT STREET,	City or to	own, of pregna	-			County of pregnancy termination <b>LAKE</b>	
Patient's age**	Married Yes	■ No	Date of pregnancy term <b>05/02/201</b>		Educat	tion	s	ome Co	illege, No Degree	
Race American Indian Native Hawaiian Live Births:	or Alaska Native	slander		k or Africa	nn American	Unl		Ethnicity Hispa Not H		
Other Termination	Number of s	spontaneou	us terminations 2			Numb	er of induc	ed termin	nations 0	
Dates of termination	s (Do not include t		ation. If more than six (6,		ost recent.)		_			
Fetus delivered alive	e? If yes, le		me fetus survived:	4			■ No	ne	ation(s) of Pregnancy Termination  Uterine Perforation	
Fetus viable?  Yes		e, medical	reason for termination:			☐ Hemorrhage ☐ Cervical Laceratio ☐ Infection ☐ Retained Products ☐ Other (Specify)				
Pathological examin performed?		esults:					Did this to	erminatio	on of pregnancy result in a maternal death?	
			Туре	of Termin	nation Procedur	res				
Procedure that Term	inated Pregnancy				Additional Pr	ocedure	that Termi	inated Pr	egnancy	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)										
☐ Medical (Surgio	cal) Suction Curett cal) Menstrual Asp cal) Other (Specify	oiration			Medical	(Surgica	al) Suction al) Menstr al) Other (	ual Aspir		
For Medical (Surgic	al) procedures, ans	wer the fo	llowing question.		For Medical (	Surgica	ıl) proceduı	res, answ	er the following question.	
Was the fetus viab ☐ Yes [		ertilization	age at least 20 weeks?			us viable Yes		post fert	ilization age at least 20 weeks?	
If the previous quest	tion was answered	yes, comp	lete the following questio	ns.	If the previou	s questi	on was ans	wered ye	es, complete the following questions.	
Was the fetus give ☐ Yes [	n the best opportun  No	nity to surv	vive?			us given Yes [		pportunit	y to survive?	
			regnant woman had a con ious impairment to the pr						nat the pregnant woman had a condition th or serious impairment to the pregnant	
			l ni							
Date last normal me	03/13/2018		Physicia	ın estimate	of gestation (i	n weeks	")	Post fe	rtilization age of the fetus (in weeks)  4	
How were the gestat ULTRASOUND	ional age and post	fertilizatio	on age determined?							
Full name of physici	Full name of physician performing termination									
Address of physician	Address of physician performing termination (number and street, city, state, and zip code)									
8645 CONNECTIC	UT STREET, ME	RRILLVI	LLE, IN 46410							
_			6 (month, day, year):							
DATE RECEIVE	ED BY ISDH (mo	onth, day,	<i>year</i> ):						-	

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRI	LLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termination	n	County of pregnand	cy termination  AKE	
Patient's age**	Marrie	1	Date of pregnancy term	nination	Educa	tion				
24		Yes I No	05/02/20					ollege, No Degree		
Race American Indian Native Hawaiian	or Other		Asian Blace Other		an American	Unknown Number now	■ Not	y vanic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	NI.	ımber of spontaneou	0			Number of in		0		
Other Terminations	3.		0	- 1		Number of in	duced term	0		
Dates of terminations	S (Do no 2.		ation. If more than six (6			5.		6		
Fetus delivered alive	?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■ N	No					■	None	☐ Uterin	ne Perforation	
							Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				Infection	☐ Retair	ned Products	
							Other (Spe	_	Todacis	
Pathological examina	ation	If yes, results:					Oniei (spe	eijy)		
performed?		ii yes, resuits.								
☐ Yes ■ I	No					Did tl □ Y			It in a maternal death?	
			Туро	e of Termi	nation Procedu	res				
Procedure that Termi	inated Pr	regnancy			Additional Pr	ocedure that To	erminated P	regnancy		
☐ Medical (Nonsu	rgical) I	Mifepristone			☐ Medical	(Nonsurgical)	Mifepristor	ne		
Medical (Nonsu  Medical (Nonsu	rgical) l	Misoprostol			☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol .		
iviedicai (ivonsu	irgicai) V	эшсі (вресіду)			Wiedicar	(14olistifgical)	Other (Spec	<i>-gy)</i>		
<ul><li>Medical (Surgic</li><li>Medical (Surgic</li></ul>		ion Curettage strual Aspiration				(Surgical) Suc (Surgical) Me				
Medical (Surgic	al) Othe	er (Specify)			☐ Medical	(Surgical) Oth	er (Specify)			
For Medical (Surgica	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proce	edures, answ	wer the following que	stion.	
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous questi	ion was a	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.	
		t opportunity to surv	ive?			us given the be	st opportuni	ity to survive?		
☐ Yes ☐	_					Yes No				
			egnant woman had a cor ous impairment to the p					that the pregnant won ath or serious impairs		
woman?					woman?					
L					I					
Date last normal mer	_	nn 18/2018	Physici	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestati			n age determined?		<b>y</b>					
ULTRASOUND										
Full name of physician DR. MANDY GITTL	Full name of physician performing termination									
		ning termination (num	nber and street, city, sta	te, and zin	code)					
8645 CONNECTIC	-	-		· • • • • • • • • • • • • • • • • • • •						
**Date Reported t	to DCS,	if Patient under 1	6 (month, day, year):					_		
DATE RECEIVE	D BY I	SDH (month, day,	year): 05/08/2018					_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
<b>.</b>	T	l D		- I			1		
Patient's age** 25	Married ☐ Yes ■ No	Date of pregnancy term 05/02/201		Educa	tion		ol Diploma or GED		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Numb	per now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	*		ost recent.)			•		
Fetus delivered alive	1	me fetus survived:		4		5	cation(s) of Pregnancy Termination		
Yes Yes	, ,	me ietus sui viveu.				■ None	Uterine Perforation		
						☐ Hemorrhag			
Fetus viable?	,	reason for termination:							
☐ Yes ■	No					☐ Infection	Retained Products		
5.1.1.1.1						Other (Spec	cify)		
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?		
	· · · · · · · · · · · · · · · · · · ·								
		Туре	of Termir	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
ivicultar (Surgi	car) Outer (specify)			Wiculcar	(Surgic	an) Outer (speetgy)			
	1) 1 4 6	11			(C :	1\ 1	4 6 11 2		
	cal) procedures, answer the fo					_	er the following question.		
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	ry to survive?		
		mannant ryaman had a aan	dition	_		_	hat the pregnant woman had a condition		
that required the p	s for determination that the p rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Date last name: -1 .	uneae hagan	Di: '	ın estim	e of gestation (i	n 1	g) D+ C	rtilization ago of the fotos (in		
Date last normal me	02/04/2018		ui estimate	or gestation ( <i>i</i>	п wеек!	Post fe	rtilization age of the fetus (in weeks)  11		
	tional age and post fertilization	on age determined?				•			
ULTRASOUND									
Full name of physic	Full name of physician performing termination								
DR. MANDY GITT	LER			-					
	n performing termination (nu	•	e, and zip	code)					
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/08/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or		ncy termination		County of pregnand	cy termination  AKE	
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion				
27		Yes No	05/02/20	18				ollege, No Degree		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	1 sterminations			Number of ind		0 inations		
Other Termination	15.		ation. If more than six (6	those m	ost recent )			1		
1. <b>2008</b>	2		3		<i>'</i>	5		6		
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perforation					
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Yes •	No	ii viable, inedicar	reason for termination.				Infection	☐ Retain	ned Products	
							Other (Spec	cify)		
Pathological examin	ation	If yes, results:								
performed?	No					Did thi	s terminati	on of pregnancy resu	It in a maternal death?	
☐ Yes ■ No							at in a maternar death.			
			Туре	e of Termi	nation Procedur	res				
Procedure that Term	Procedure that Terminated Pregnancy						minated P	regnancy		
Medical (Nonsu						(Nonsurgical) N				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)				
Medical (Surgional Control Contro	cal) Suc	ion Curettage				(Surgical) Suct				
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) Men (Surgical) Othe				
	,	(~				(2.1.8.1.1.)	- (~ <i>F</i> 95))			
For Medical (Surgic	-1)	4 4. C-1			FM-4:1/	(C:-1)	1	ver the following que		
	_							0 1		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	is question was a	inswered y	es, complete the follo	wing questions.	
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fett	us given the best	opportuni	ty to survive?		
☐ Yes [	☐ No				Y	Yes No	••			
			regnant woman had a cor					hat the pregnant won ath or serious impairs		
woman?	roccaure	to avert death of sen	ious impairment to the pr	regnant	woman?	a the procedure	to avert de	an or serious impair	nent to the pregnant	
Date last normal me	_		Physicia	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestat		05/2018 e and post fertilizatio	on age determined?		9			7		
ULTRASOUND		<u>-</u>	- 							
Full name of physics  DR. MANDY GITTI		rming termination								
		ning termination (num	mber and street, city, sta	te, and zip	code)					
8645 CONNECTIO	UT STR	EET, MERRILLVII	LLE, IN 46410							
**D . D	t- DCC	ich-ii i i								
•			6 (month, day, year):					_		
DATE RECEIVE	ED BY	SDH (month, day,	year): 05/08/2018					_		

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Facility Name and Ad PLANNED PARENTHOOD C MERRILLVILLE, IN, 46410	ddress of MERRI	LLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termina	ation		County of p		ey termination
Patient's age**	Married	1	Date of pregnancy term	nination	Educa	tion					
26		Yes • No	05/02/20	18			Hi		ol Diploma	or GEI	)
Race American Indian	or Other		Asian Blace White Other		an American	Unkno		■ Not I	anic or Latino Hispanic or La		☐ Unknown
Live Births:	Ni	imber of spontaneou	0			Number o			0		
Other Terminations:	•		ation. If more than six (6	() 4h aga m	204 422244 )	rumber	JI IIIGU		0		
1	(Do noi		anon. If more than six (0				5			6	
Fetus delivered alive?		If yes, length of tin						Compli	cation(s) of Pr	egnancy	y Termination
☐ Yes ■ N	Ю					■ None ☐ Uterine Perforation					
Fetus viable?		If viable medical	reason for termination:				□ н	Iemorrhag	е 🗆	Cervic	al Laceration
Yes N	o	ii viabie, medicai	reason for termination:				☐ Ir	nfection		Retain	ed Products
								ther (Spec	cify)		
Pathological examination	tion	If yes, results:					_	· 1	337		
performed?	Jo						: 4 4.:-			1	4 : 1 dd-9
103	☐ Yes ■ No Did this termination of pregnancy result in a maternal of Yes ■ No							t in a maternal death?			
			Туре	e of Termi	nation Procedu	res					
Procedure that Termin	Additional Pr	ocedure that	at Terr	ninated Pr	regnancy						
☐ Medical (Nonsur						(Nonsurgic					
☐ Medical (Nonsur ☐ Medical (Nonsur						(Nonsurgic (Nonsurgic					
	<i>5</i> ··· / ··	(-1 - 33)				(		(-1	327		
Madical (Surgice	1) Supt	ion Curattaga			☐ Madical	(Curainal)	Suotic	on Curatta			
Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Me	al) Men	strual Aspiration			☐ Medical	(Surgical)	Mens	trual Aspi			
Medical (Surgica	al) Othe	r (Specify)			Medical	(Surgical)	Other	(Specify)			
											_
For Medical (Surgical	l) proced	dures, answer the fol	lowing question.		For Medical (	(Surgical) p	roced	ures, answ	er the followi	ng ques	ition.
Was the fetus viable ☐ Yes ■		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	on was a	inswered yes, compl	ete the following question	ons.	If the previou	s question v	was ar	nswered ye	es, complete th	he follo	wing questions.
Was the fetus given ☐ Yes ☐		opportunity to surv	ive?			us given the		opportuni	ty to survive?		
What was the basis	for deter	rmination that the pr	egnant woman had a cor	ndition	What was tl	ne basis for	deteri	mination t	hat the pregna	nt wom	an had a condition
			ous impairment to the pr								nent to the pregnant
woman:					woman:						
Date last normal mens	ses hem	ın	Dhysici	an estimat	e of gestation (i	n weekel		Post fo	rtilization age	of the	fetus (in weeks)
	03/1	4/2018		un cstilliäl	<b>7</b>	n weeks)		1 081 10	inization age	5 <b>5</b>	icias (in weeks)
How were the gestation	onal age	and post fertilization	n age determined?								
ULTRASOUND											
Full name of physicia	n perfor	ming termination									
DR. MANDY GITTLI	ER										
Address of physician 8645 CONNECTICU	-	-	nber and street, city, sta	te, and zip	code)						
30-3 CONNECTION	,, JIK	, WILTINILL VII	, 114 70710								
**Date Reported to	DCS.	if Patient under 1	6 (month, day, year):								
DATE RECEIVE									_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna MERRI	ncy terminatio	on	County of pregnancy termination LAKE		
D.: 12 44	T	D. C.	. ,.	l E i	.•				
Patient's age**  33	Married ☐ Yes ■ No	Date of pregnancy term 05/02/20		Educat	tion	Some Co	ollege, No Degree		
Race American Indian Native Hawaiian	or Alaska Native or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Other		n American	Unknown	■ Not l	y anic or Latino Hispanic or Latino		
	Number of anontoneous	2 sterminations			Number of in	nduced termi	nations .		
Other Termination	as (Do not include this termin	1	1 4 4 4 4 4 4 4 4	at managet )	- Trumoer of h	radeca terrin	2		
1. <b>2015</b>	2. <b>2015</b>	2014	), tnose mo 4.	st recent.)	5.		6		
Fetus delivered alive	e? If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No				•	None	☐ Uterine Perforation		
						Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	,	reason for termination:				Infection	Retained Products		
							_		
Pathological examin	ation If yes, results:				$ \Box$	Other (Spec	ctfy)		
performed?	in yes, results.								
☐ Yes ■	No				Did t		on of pregnancy result in a maternal death?		
	I						<u> </u>		
		Туре	of Termin	ation Procedur	es				
Procedure that Term	inated Pregnancy			Additional Pr	ocedure that T	erminated P	regnancy		
☐ Medical (Nonst	argical) Mifepristone				(Nonsurgical)				
Medical (Nonsu  Medical (Nonsu	argical) Misoprostol argical) Other (Specify)				(Nonsurgical) (Nonsurgical)				
	(~ <u>F</u> ,)				(	(~F	<i>977</i>		
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgical) Su (Surgical) Me	enstrual Aspi			
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgical) Otl	her (Specify)			
For Medical (Surgic	al) procedures, answer the fo	llowing question.		For Medical (	Surgical) proc	edures, answ	ver the following question.		
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
	ion was answered yes, comp	lete the following questio	nns	If the previou	s question was	s answered v	es, complete the following questions.		
		• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_					
was the fetus give	n the best opportunity to surv  ☐ No	rive?			us given the be les  \text{No}	est opportuni	ty to survive?		
What was the basis	s for determination that the p	regnant woman had a con	ndition	What was th	ne basis for de	termination t	hat the pregnant woman had a condition		
that required the pro-	rocedure to avert death or ser	ious impairment to the pr	regnant	that required woman?	d the procedur	e to avert dea	ath or serious impairment to the pregnant		
woman:				woman:					
Data lost no1	ngag hagan	Dl	on actint	of gostaties /	n wasta)	Do-4 C	artilization ago of the fotos (in the late)		
Date last normal me	02/26/2018	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  7		
_	tional age and post fertilization	on age determined?				ı			
ULTRASOUND									
En o									
DR. MANDY GITTI	ian performing termination LER								
	n performing termination (nu		te, and zip o	code)					
8645 CONNECTIC	UT STREET, MERRILLVI	LLE, IN 46410							
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_		
DATE RECEIVE	ED BY ISDH (month, day,	year):05/08/2018					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t	town, of pregna	ncy termination	n	County of pregnan	cy termination  AKE		
Patient's age**	Marrie		Date of pregnancy term	nination	Educa	tion					
29		Yes No	05/02/20					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Ni	umber of spontaneou	1 s terminations			Number of in	duced term	0 inations			
Other Termination	5.	•	0 ation. If more than six (6	) those m	ost recent )			0			
1	2.		3			5.		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
l les 📮 l	NO					■	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■ 1	No	,					Infection	Retain	ned Products		
							Other (Spe	cify)			
Pathological examina	ation	If yes, results:									
performed?	No					Did th ☐ Y			lt in a maternal death?		
			Туре	of Termi	nation Procedur	res					
Procedure that Term	inated Pr	regnancy			Additional Pr	rocedure that To	erminated P	regnancy			
Medical (Nonsu						(Nonsurgical)					
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
Medical (Surgio	cal) Suct	ion Curettage			☐ Medical	(Surgical) Suc	tion Curetta	nge			
	cal) Men	strual Aspiration			☐ Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi	iration			
	,	(- <sub>F</sub> 9))				(2 11- 8-1 11)	· (~F95)				
For Medical (Surgical	al) <b>pr</b> aga	duras, answer the fel	lowing question		For Medical (	(Surgical) proc	-duras anau	ver the following que	gtion		
			• •								
Was the fetus viable Yes		e a post tertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
		t opportunity to surv	ive?			us given the be	st opportuni	ity to survive?			
☐ Yes ☐	」No				L	Yes No					
			egnant woman had a cor ous impairment to the pr					that the pregnant won ath or serious impairs			
woman?				C	woman?	•		•	1 0		
					I						
Date last normal men	_	an 16/2018	Physicia	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat			n age determined?					·			
ULTRASOUND											
Full name of -1'	on mare	ming tomin-ti									
Full name of physici DR. MANDY GITTL		ming termination									
	-	-	nber and street, city, star	te, and zip	code)						
8645 CONNECTIO	UI STR	EEI, MERRILLVII	LLE, IN 46410								
**Date Reported t	to DCS,	if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY I	SDH (month, dav.	year): 05/08/2018								

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT S' MERRILLVILLE, IN, 46410	City	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE					
		T					
Patient's age**  21	of pregnancy termination 05/02/2018	n Educa		gh School Diploma or GE	D		
☐ American Indian or Alaska Native ☐ Asia☐ Native Hawaiian or Other Pacific Islander ☐ Whi	=	frican American	Unknown	■ Hispanic or Latino □ Not Hispanic or Latino	Unknown		
Live Births: Number now living	2		Number now de	ceased <b>0</b>			
Other Terminations: Number of spontaneous terminations:	nations		Number of indu	ced terminations			
Dates of terminations (Do not include this termination. If		e most recent.)					
Fetus delivered alive?  If yes, length of time fetus	s survived:	4	5	Complication(s) of Pregnanc	y Termination		
Yes No	, survivou.		■ N	_	ne Perforation		
			I	emorrhage	cal Laceration		
Fetus viable? If viable, medical reason f	For termination:		☐ Infection ☐ Retained Products				
				ther (Specify)	ied Froducts		
Pathological examination If yes, results:				mer (specify)			
performed?							
Yes ■ No  Did this termination of pregnancy result in a maternal  Yes ■ No							
	Type of Ter	mination Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	ninated Pregnancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) O				
Medical (Surgical) Suction Curettage		_	(Surgical) Suction	on Curettage			
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other	rual Aspiration			
Interior (Sugrem) Suite (Speedy)		Wiedicar	(Surgicur) Guier	(Speedy)			
For Medical (Surgical) procedures, answer the following	question	For Medical (	Surgical) proced	ares, answer the following ques	 stion		
Was the fetus viable or have a post fertilization age at le	•						
☐ Yes ■ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the	following questions.	If the previou	s question was a	swered yes, complete the follo	owing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes \(\sime\) No	opportunity to survive?			
What was the basis for determination that the pregnant	woman had a condition	_	_	nination that the pregnant won	nan had a condition		
that required the procedure to avert death or serious imp		that require		avert death or serious impairs			
woman?		woman?					
Data but named in a	Total 1 to 1			Deat featill (1)	foto (in 1)		
Date last normal menses began 03/14/2018	Physician estin	mate of gestation ( <i>i</i>	n weeks)	Post fertilization age of the 5	ieius (in weeks)		
How were the gestational age and post fertilization age de	etermined?			•			
ULTRASOUND							
Full name of altyrician newforming termination							
Full name of physician performing termination DR. MANDY GITTLER							
Address of physician performing termination (number an 8645 CONNECTICUT STREET, MERRILLVILLE, IN		zip code)					
The state of the s							
**Date Reported to DCS, if Patient under 16 (mon	th, day, year):						
DATE RECEIVED BY ISDH (month, day, year):							

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or t	ty or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE					
Wanted	nancy termination 05/02/2018	Educat		gh School Diploma or GED	)		
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White  Live Birther Number now living	☐ Black or Afric ☐ Other	an American	Unknown Number now do	Hispanic or Latino Not Hispanic or Latino ceased	Unknown		
Other Terminations: Number of spontaneous terminations	<u> </u>		Number of indu	ced terminations			
Dates of terminations (Do not include this termination. If more to UNKNOWN 2. UNKNOWN 3.		ost recent.)		0			
Fetus delivered alive?  If yes, length of time fetus surviv	and:	4	5	Complication(s) of Pregnancy	v Termination		
Yes No	veu.				e Perforation		
			— П	emorrhage	al Laceration		
Fetus viable? If viable, medical reason for term	nination:			_	ed Products		
Pathological examination				ther (Specify)			
performed?  Yes No Did this termination of pregnancy result in a maternal deat							
Yes No							
	Type of Termi	nation Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	ninated Pregnancy			
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M				
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) O				
Medical (Surgical) Suction Curettage		Medical	(Surgical) Suction	on Curettage			
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	ures, answer the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following	ng questions			swered yes, complete the follo	wing questions		
Was the fetus given the best opportunity to survive?	ing questions.		-	opportunity to survive?	wing questions.		
Yes No			tes No	opportunity to survive?			
What was the basis for determination that the pregnant woman				nination that the pregnant wom			
that required the procedure to avert death or serious impairment woman?	nt to the pregnant	woman?	the procedure to	avert death or serious impairm	nent to the pregnant		
		<u> </u>					
Date last normal menses began 03/10/2018	Physician estimate	e of gestation (i	n weeks)	Post fertilization age of the 5	fetus (in weeks)		
How were the gestational age and post fertilization age determine	ned?	•		1 3			
ULTRASOUND							
Full name of physician performing term in the							
Full name of physician performing termination DR. MANDY GITTLER							
Address of physician performing termination (number and stree 8645 CONNECTICUT STREET, MERRILLVILLE, IN 4641		code)					
7071	<u>-</u>						
**Date Reported to DCS, if Patient under 16 (month, day	, year):						
DATE RECEIVED BY ISDH (month, day, year): 05/11	/2018						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna	•		County of pregnancy termination LAKE		
<b>D</b>	T	L D		1			1		
Patient's age** 22	Married Yes No	Date of pregnancy term 05/02/201		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		nn American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Numb	per now deceased	0		
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	*		ost recent.)			-		
Fetus delivered alive	1	me fetus survived:		1		5 Complie	cation(s) of Pregnancy Termination		
Yes Yes	, ,	me ietus surviveu.				■ None	Uterine Perforation		
						☐ Hemorrhag	_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:					<u>_</u>		
☐ Yes ■	NO					☐ Infection	Retained Products		
Dath desired assessing	IG 14					Other (Spec	cify)		
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
	1								
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto orgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge		
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
ivicultar (Surgi	car) Onici (specijy)			Wicalcan	(Burgic	an) Onici (Specify)			
	1) 1 6				· G .	1) 1	4.69		
	cal) procedures, answer the fo			For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [	le or have a post fertilization No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?		
	s for determination that the p	regnant woman had a con	dition	_		_	hat the pregnant woman had a condition		
	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Data last na	wees hoger	DL* *	n activ	of gestation (i	m 1 1	a) D4 C	writingstion ago of the fature (i.e.,		
Date last normal me	UNKNOWN	Physicia	ui estimate	of gestation ( <i>i</i>	п wеек:	Post fe	ertilization age of the fetus (in weeks)  5		
	tional age and post fertilization	on age determined?				•			
ULTRASOUND									
Full name of physic	ian performing termination								
DR. MANDY GITT	LER								
	n performing termination (nu	•	e, and zip	code)					
2010 30111120110	o. o.m.e., mennet	, +0+10							
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_		
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/08/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 366	6TH STREET SUITE B2, I	INDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION					
The state of	_		D. C		T = -	.•						
Patient's age** 29	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/03/20		Educa	tion	High Scho	ol Diploma or GED				
Race American Indiar Native Hawaiiar Live Births:	n or Othe		☐ White ☐ Othe		an American	_		anic or Latino Hispanic or Latino   Unknown				
Other Termination	ns: N	umber of spontaneou	as terminations			Numb	per of induced termi					
	ns (Do no		1 ation. If more than six (6					3				
106/08/2017	2	10/18/2013	<sub>3.</sub> 07/24/2013		4. UNKNOWN	<u> </u>	5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				■ None	cation(s) of Pregnancy Termination  Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration				
☐ Yes ■						☐ Infection	☐ Retained Products					
							Other (Spec	eify)				
Pathological examin performed?	nation	If yes, results:										
·	■ Yes No SAC & CHORIONIC VILLI						Did this termination of pregnancy result in a maternal dea  Yes No					
			Туре	of Termi	nation Procedu	res						
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedur	e that Terminated Pr	regnancy				
☐ Medical (Nonsu ☐ Medical (Nonsu							urgical) Misoprosto					
Medical (Nonst					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
■ Medical (Surgio	cal) Suct	ion Curettage					cal) Suction Curetta					
☐ Medical (Surgion of Med		strual Aspiration er (Specify)					cal) Menstrual Aspi cal) Other (Specify)	ration				
	,	(1 33)				` "	, (1 00)					
For Medical (Surgic	ral) proce	dures answer the fo	llowing question		For Medical	Surgice	al) procedures ansu	er the following question.				
	_						_					
Was the fetus viab  ☐ Yes [		e a post fertifization	age at least 20 weeks?			res [		ilization age at least 20 weeks?				
If the previous quest	tion was	answered yes, comp	lete the following question	ns.	If the previou	s quest	ion was answered ye	es, complete the following questions.				
		t opportunity to surv	vive?				n the best opportuni	ey to survive?				
☐ Yes [	_				_	Yes [	_					
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?					woman?	•						
Date last normal me	-	an 17/2018	Physicia	ın estimat	e of gestation (i	n week.	s) Post fe	rtilization age of the fetus (in weeks)  5				
How were the gestat			on age determined?		<del>-</del>			<u> </u>				
SONOGRAM												
Fall and Colored	:											
Full name of physics  KATHLEEN GLO	•	ming termination										
	-	-	mber and street, city, stat	e, and zip	code)							
3607 WEST 16TH	SIKEE	, INDIANAPOLIS	, IN 46222									
**Date Reported	to DCS.	if Patient under 1	6 (month, day, year):									
_			year): 05/08/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or to	ity or town, of pregnancy termination  MERRILLVILLE  County of pregnancy term  LAKE					•					
Patient's age** 23	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/02/20		Educa	tion		Some Co	llege, No Degree			
Race	_		03/02/20	10				Ethnicity				
American Indian			☐ Asian ☐ Blac ☐ White ☐ Othe		an American	□IIn	ıknown		nic or Latino ispanic or Latino	☐ Unknown		
Live Births:		umber now living	0	1				deceased	0	Chillown		
Other Termination	N. N	umber of spontaneou				Numb	per of inc	duced termin	ations			
		ot include this termin	0 nation. If more than six (6	), those mo	ost recent.)				0			
1	2		3		4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complica	ation(s) of Pregnancy	y Termination		
☐ Yes ■	No						•	None	☐ Uterin	e Perforation		
					☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable?  Yes	No	If viable, medical	reason for termination:									
l les E	NO											
					Other (Specify)							
Pathological examin performed?	nation	If yes, results:										
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death							
	<u> </u>						☐ Ye	es 🔳 No				
			Type	of Termir	nation Procedu	res						
Procedure that Term	ninated P	regnancy	- 1,700		Additional Pr		e that Te	rminated Pre	egnancy			
							rgical) l	Mifepristone				
☐ Medical (Nonsi	urgical)	Misoprostol			Medical	(Nonsu	rgical) I	Misoprostol				
Medical (Nonsi	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)							
Medical (Surgio					Medical	(Surgic	al) Suct	tion Curettag	ge			
Medical (Surgional Medical Medical (Surgional Medical	cal) Mei cal) Oth	nstrual Aspiration er (Specify)						nstrual Aspira er (Specify)	ation			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question.		For Medical (Surgical) procedures, answer the following question.							
		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [					_	Yes [	_		1 1 . 6.11			
			lete the following question	ns.	_	_			s, complete the follo	wing questions.		
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us giver Yes [		t opportunity	y to survive?			
What was the basi	s for dete	ermination that the p	regnant woman had a con	dition	What was the	he basis	for dete	ermination th	at the pregnant wom	an had a condition		
			ious impairment to the pr						th or serious impairn			
woman:					woman:							
						_						
	•							_				
Date last normal me	-	an <b>(05/2018</b>	Physicia	ın estimate	e of gestation (i	n weeks	s)	Post fer	tilization age of the	tetus (in weeks)		
How were the gestar			on age determined?		<u>-</u>							
ULTRASOUND												
Full name of physic DR. MANDY GITT		rming termination						<del></del>				
		ning termination (nu	mber and street, city, stat	e, and zip	code)							
8645 CONNECTIO	-	-	•									
**Date Reported	to DCS	, if Patient under	16 (month, day, year):									
DATE RECEIVI	ED BY	ISDH (month, day,	year): 05/08/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination <b>LAKE</b>			
To all all all all all all all all all al					l nı	.•						
Patient's age** 21	Marrie	d ☐ Yes ■ No	Date of pregnancy term <b>05/02/201</b>		Educa	tion	Н	igh Scho	ol Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Black White Othe		n American		iknown oer now de	■ Not I	anic or Latino Hispanic or Latino			
Other Termination	s: N	umber of spontaneo				Numl	per of indu	iced termin	nations			
		t include this termin	0 nation. If more than six (6)	), those mo	est recent.)				0			
1	2	•	3	4	l		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregnancy Termination			
	110						■ N	lone	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination:				☐ H	Iemorrhag	e			
☐ Yes ■ I	No	,					☐ Iı	nfection	☐ Retained Products			
							☐ Other (Specify)					
Pathological examin	ation	If yes, results:										
performed?  Yes	No						Did this	termination	on of pregnancy result in a maternal death?			
							☐ Yes					
			Tyne	of Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy	1,500		Additional Pr		e that Terr	ninated Pr	regnancy			
■ Medical (Nonsu	ırgical) l	Mifepristone			☐ Medical	(Nonsu	ırgical) M	lifepriston	e			
Medical (Nonsu Medical (Nonsu	irgical)	Misoprostol			■ Medical	(Nonsu	rgical) M	lisoprostol ther (Spec				
	ii gicui)	other (specify)				(1 tonse	ingicui) o	ther (spee	957			
	1) 0					· · ·	1) 6					
	cal) Mer	strual Aspiration			■ Medical	(Surgic	al) Mens	on Curetta trual Aspin				
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgio	al) Other	(Specify)				
For Medical (Surgical	al) proce	dures, answer the fo	ollowing question.		For Medical	Surgica	al) proced	ures, answ	ver the following question.			
Was the fetus viable ☐ Yes [	_	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was aı	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes [		t opportunity to surv	vive?			us givei Yes [		opportunit	ty to survive?			
What was the basis	s for dete	ermination that the p	regnant woman had a con	dition	What was the	ne basis	for deter	mination tl	hat the pregnant woman had a condition			
			rious impairment to the pr						ath or serious impairment to the pregnant			
woman:					woman:							
<u> </u>												
Date last normal men	nses beg	an	Physicia	ın estimate	of gestation (i	n week.	s)	Post fe	rtilization age of the fetus (in weeks)			
	02/	25/2018			8		- /		6			
How were the gestat <b>ULTRASOUND</b>	ional age	e and post fertilization	on age determined?									
DETRASCOND												
Full name of physici	ian perfo	rming termination										
DR. MANDY GITTL	LER											
Address of physician 8645 CONNECTIC	_	-	mber and street, city, stat	e, and zip	code)		_	_				
	J. JIN		, 70710									
**Date Reported	to DCS	, if Patient under	16 (month, day, year):						-			
DATE RECEIVE	ED BY	ISDH (month, day,	year):						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRIMERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or tow		ncy termination	County of pregnancy termination LAKE				
Patient's age** Marrie	ed	Date of pregnancy term	ination	Educat	tion					
	Yes No	05/02/201	18				ollege, No Degree			
Race American Indian or Alas Native Hawaiian or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe	k or African er	American	Unknown Number now d	☐ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number of spontaneou	0				0 er of induced terminations				
Other Terminations:  Dates of terminations (Do no	•	0	\		Number of ma	ucca termi	0			
1		3			5		6			
Fetus delivered alive?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					<b>I</b>	None	☐ Uterir	ne Perforation		
Fetus viable?	If viable medical	reason for termination:			I	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes No	ii viable, medical	reason for termination:			I	nfection	☐ Retair	ned Products		
						Other (Spec	cify)			
Pathological examination	If yes, results:					, 1				
performed?  Yes No					D:14:			14 : 1 4 4 - 9		
103 💆 100								It in a maternal death?		
		Туре	of Terminat	ion Procedur	res					
Procedure that Terminated F	Pregnancy		A	Additional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nonsurgical)			[		(Nonsurgical) N					
<ul><li>Medical (Nonsurgical)</li><li>Medical (Nonsurgical)</li></ul>					(Nonsurgical) Nonsurgical) C					
	(-1 - 33)									
Modical (Surgical) Suc	ation Curattons		_	☐ Madical	(Cumpical) Custi	on Cumotto				
Medical (Surgical) Suc Medical (Surgical) Me	nstrual Aspiration			Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi				
Medical (Surgical) Oth	ner (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) proce	edures, answer the fo	llowing question.	F	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or hav	ve a post fertilization	age at least 20 weeks?			us viable or have Yes   No	a post fer	tilization age at least	20 weeks?		
If the previous question was	answered yes, comp	lete the following questio	ns. I	f the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus given the be ☐ Yes ☐ No	st opportunity to surv	rive?			us given the best	opportuni	ty to survive?			
What was the basis for det	ermination that the n	regnant woman had a con	dition	What was th	— ne basis for deter	mination t	hat the pregnant won	nan had a condition		
that required the procedure				that required			ath or serious impairr			
woman?				woman?						
Data last normal manage 1	ran	Dh.v.i - i -	n estimata -	f apotation (	n wooks)	Dogt f	artilization ago of the	fetus (in weeks)		
Date last normal menses beg  03a	gan <b>/14/2018</b>	Physicia	nn estimate o	f gestation (1)	n weeks)	POST IC	ertilization age of the	icius (in weeks)		
How were the gestational ag	e and post fertilization	on age determined?								
ULTRASOUND										
Full name of physician perfo	orming termination									
DR. MANDY GITTLER	DR. MANDY GITTLER									
Address of physician perform	-		e, and zip co	ode)						
8645 CONNECTICUT ST	NEET, WERRILLVI	LLE, IN 4041U								
**Date Reported to DCS	S. if Patient under 1	6 (month. day. year):								
DATE RECEIVED BY										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36		16TH STREET SUITE B2, I	INDIANAPOLIS, IN 46222	City or t	town, of pregnat	ncy terminat	ion	County of pregnancy termination MARION			
Patient's age**		1	Date of pregnancy term	nination	Educat	tion					
21	Marrio	ed □ Yes ■ No	05/03/20		Educat	Hon	High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Oth		Asian Blace Other		an American	Unknow		y anic or Latino Hispanic or Latino			
Other Termination	ns:	Tumber of spontaneou	-			Number of	induced termi	nations			
Dates of termination		ot include this termin	1 ation. If more than six (6	(6), those m	ost recent.)			0			
1. UNKNOWN		2	3		4		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?		If viable medical	reason for termination:		Hemorrhage Cervical Laceration						
Yes •	No	ii viaoie, inedicai	reason for termination.		☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examin	nation	If yes, results:			- Cano. (Specify)						
performed?  • Yes	No	SAC. CHORION	IC VILLI, & FETAL PA	ARTS	Did this termination of pregnancy result in a maternal						
E les E	110										
			Туро	e of Termi	nation Procedur	res					
Procedure that Term	ninated F	Pregnancy			Additional Pro	ocedure that	Terminated P	regnancy			
☐ Medical (Nonsi	urgical)	Mifepristone			☐ Medical	(Nonsurgica	l) Mifepristor	e			
Medical (Nonso	urgical)	Misoprostol					Misoprosto     Other (Spec				
	urgreur)	Guier (speegy)									
Medical (Surgion Medica		ction Curettage nstrual Aspiration			☐ Medical ☐ Medical	(Surgical) S (Surgical) N	Suction Curetta Menstrual Aspi	ge ration			
Medical (Surgi	cal) Oth	ner (Specify)			☐ Medical	(Surgical) C	Other (Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previous	s question w	as answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us given the	best opportuni	ty to survive?			
			regnant woman had a cor					hat the pregnant woman had a condition			
that required the pay	rocedure	e to avert death or ser	ious impairment to the p	regnant	that required woman?	d the procedu	ure to avert de	ath or serious impairment to the pregnant			
Date last normal me	nses be	gan	Physici	an estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	01	/31/2018			13	,		11			
	tional ag	ge and post fertilization	on age determined?								
SONOGRAM											
Full name of physic	ian nerf	orming termination									
KATHLEEN GLO	VER										
	•		mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	SIKEE	.i, indianapulis	, 114 40222								
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):								
•			year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222							ncy terminati	on	County of pregnancy termination  MARION			
Patient's age** 27	Mari	ried □ Yes ■ No	Date of pregna	ancy termin		Educa	tion		college, No Degree			
Race American Indian			Asian	=	or African	American	_		panic or Latino			
☐ Native Hawaiian		her Pacific Islander Number now living	White	Other			Unknow Number no		Hispanic or Latino Unknown			
Other Termination	ns:	Number of spontaneou	s terminations				Number of	induced term				
	ns (Do	not include this termina	ution. If more th	han six (6),	those most	recent.)			1			
		2			4				ication(s) of Pregnancy Termination			
Fetus delivered alive		If yes, length of tir	ne fetus survivo	ed:			_	None	Uterine Perforation			
						☐ Hemorrhage ☐ Cervical Lacera						
Fetus viable?	No	If viable, medical i	reason for term	ination:		☐ Infection ☐ Retained Products						
	110								_			
Pathological examin	Pathological examination If yes, results:							outer (spe	celly)			
performed?  • Yes	No	SAC & CHORION	NIC VILLI			Did this termination of pregnancy result in a ma						
	110							Yes I N				
				Туре	of Terminat	ion Procedu	res					
Procedure that Term	ninated	Pregnancy			A		rocedure that					
☐ Medical (Nonst					]	☐ Medical ☐ Medical	(Nonsurgical (Nonsurgical	) Mifepristo ) Misoprosto	ne ol			
		Other (Specify)			]	Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica		enstrual Aspiration					(Surgical) So (Surgical) M					
Medical (Surgio							(Surgical) O					
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	n.	I	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes		ave a post fertilization	age at least 20 v	weeks?			us viable or h Yes		rtilization age at least 20 weeks?			
		as answered yes, compl	ete the followir	ng auestion	s. I	_	_		yes, complete the following questions.			
		est opportunity to surv		-6 1		-	_		ity to survive?			
Yes [			.,				Yes No		ity to sail in the			
		etermination that the pr							that the pregnant woman had a condition eath or serious impairment to the pregnant			
woman?	100044	to to avert death or seri	ous impumen	a to the pre	Simil	woman?	a are procedu	io to avert a	on or serious impumment to the pregnant			
Date last normal me		egan 3/15/2018		Physician	estimate o	f gestation (a	in weeks)	Post f	Pertilization age of the fetus (in weeks)  5			
		age and post fertilization	n age determin	ed?					<u> </u>			
SONOGRAM												
Full name of physic	ian ner	forming termination										
KATHLEEN GLO	VER											
	-	rming termination (num ET, INDIANAPOLIS,		t, city, state	, and zip co	ode)						
_		S, if Patient under 1							_			
DATE RECEIVI	ED BY	ISDH (month, day, y	year):	2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILL' MERRILLVILLE, IN, 46410	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination <b>LAKE</b>					
Γ				r							
Patient's age**  34  Race	Yes I No	Date of pregnancy term 05/02/20		Educa	tion	<b>Asso</b> Ethnicity	ociate Degree				
☐ American Indian or Alaska☐ Native Hawaiian or Other P	acific Islander	Asian Blace White Other		an American	Unknown	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown			
Live Births:	ber now living	7			Number now d	eceased	0				
Other Terminations: Num	ber of spontaneou	s terminations			Number of ind	uced termin	nations 0				
Dates of terminations (Do not in	nclude this termina	ation. If more than six (6	(i), those mo	ost recent.)	5.		6.				
	If yes, length of tin	ne fetus survived:				Complic	Complication(s) of Pregnancy Termination				
☐ Yes ■ No				☐ Uterii	ne Perforation						
Fetus viable?	If viable medical	reason for termination:			D	Hemorrhag	e 🔲 Cervi	cal Laceration			
Yes No	ii viabie, medicai	reason for termination:			<sub> </sub>	nfection	☐ Retain	ned Products			
						Other (Spec					
Pathological examination 1	If yes, results:				' '	Julei (Spec	.t(y)				
performed?	ii yes, iesuits.										
☐ Yes ■ No					Did this			It in a maternal death?			
		Тур	e of Termin	nation Procedur	res						
Procedure that Terminated Preg	nancy			Additional Pr	ocedure that Ter	minated Pr	regnancy				
Medical (Nonsurgical) Mi					(Nonsurgical) N						
Medical (Nonsurgical) Mi Medical (Nonsurgical) Oth					(Nonsurgical) N (Nonsurgical) C						
(x to assuring roun) ou	ior (Specify)										
<ul><li>Medical (Surgical) Suction</li><li>Medical (Surgical) Menstr</li></ul>					(Surgical) Sucti (Surgical) Mens						
Medical (Surgical) Other (					(Surgical) Other		aution .				
For Medical (Surgical) procedu	res answer the fol	lowing question		For Medical (Surgical) procedures, answer the following question.							
		0 1		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viable or have a  ☐ Yes ■ No	post fertilization	age at least 20 weeks?			us viable or have Yes	a post fert	ilization age at least	20 weeks?			
If the previous question was ans	swered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given the best o	pportunity to surv	ive?			us given the best Yes  No	opportunit	y to survive?				
			***		_						
What was the basis for determ that required the procedure to							hat the pregnant won th or serious impair	nan had a condition nent to the pregnant			
woman?				woman?	-		_				
Date last normal menses began	/00.4 <i>C</i>	Physici	an estimate	e of gestation (i	'n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestational age at		n age determined?		11			9				
ULTRASOUND	post rerumzauo	age determined:									
<u> </u>											
Full name of physician perform	ing termination										
DR. MANDY GITTLER											
Address of physician performin 8645 CONNECTICUT STREE	-		te, and zip	code)							
**Date Reported to DCS, if	Patient under 1	6 (month, day, year): _					-				
DATE RECEIVED BY ISI	DH (month, day,	year):05/08/2018		<del> </del>			_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy te  LAKE					•						
					15.							
Patient's age** 21	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/02/20		Educa	tion	H	liah Schoo	ol Diploma or GEI	)		
Race American Indiar Native Hawaiiar Live Births:	n or Alas	ska Native	Asian Blac Othe	k or Africa	n American		ıknown	Ethnicity  Hispan	nic or Latino ispanic or Latino	Unknown		
	N	Tumber of spontaneou	us terminations			Numb	per of inc	duced termin	ations			
Other Termination	15.	•	0 nation. If more than six (6	) those mo	et recent l				0			
1	2		3				5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complica	ation(s) of Pregnancy	Termination		
☐ Yes ■	No						▣	None	☐ Uterin	e Perforation		
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	☐ Cervic	al Laceration		
☐ Yes ■	No				☐ Infection ☐ Retained Products							
					☐ Other (Specify)							
Pathological examin	nation	If yes, results:										
performed?	No				Did this termination of pregnancy result in a maternal de							
							☐ Ye			t iii a maternar deadir.		
				-tm :	ada B							
Procedure that Term	ninated P	regnancy	Туре	or Termin	Additional Procedure		e that Te	rminated Pre	egnancy			
								Mifepristone	•			
☐ Medical (Nonst	urgical)	Misoprostol			■ Medical	(Nonsu	rgical) I	Misoprostol				
Medical (Nonst	urgical)	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgio		tion Curettage nstrual Aspiration			Medical	(Surgic	cal) Suct	ion Curettag	ge ation			
Medical (Surgio	cal) Oth	er ( <i>Specify</i> )						er ( <i>Specify</i> )	ation			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medical (	(Surgica	al) proce	dures, answe	er the following ques	tion.		
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was	answered ves. comp	lete the following questio	ns.	If the previou	is auest	ion was a	answered ve	s, complete the follo	wing questions.		
Was the fetus give	n the be	st opportunity to surv		1101	Was the fet	us givei	n the bes	•	y to survive?	mg questions:		
☐ Yes [	☐ No				_ ·	Yes [	No					
			regnant woman had a con rious impairment to the pr									
woman?	rocedure	to avert death of ser	ious impairment to the pr	egnant	woman?	u ine pi	ocedure	to avert deat	ii or serious impairii	ient to the pregnant		
Date last normal me	enses beg	gan	Physicia	n estimate	of gestation (i	in week:	s)	Post fer	tilization age of the	fetus (in weeks)		
11 1		/28/2018			12				10			
How were the gestat  ULTRASOUND	tional ag	e and post fertilization	on age determined?									
Full name of physic	ian perfo	orming termination										
DR. MANDY GITTI	LER											
Address of physician 8645 CONNECTIC	-		mber and street, city, stat	e, and zip	code)							
50.0 00HHL0110		, WENNELVI	, +0+10									
**Date Reported	to DCS	, if Patient under 1	16 (month, day, year):									
DATE RECEIVE			05/00/0040									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or to	ty or town, of pregnancy termination  MERRILLVILLE			County of pregnancy termination LAKE					
D.: ++	T	l D		FI						
Patient's age** 27	Married ☐ Yes ■ No	Date of pregnancy term 05/02/20		Educa	tion	Some Co	ollege, No Degree			
Race						Ethnicit	y			
☐ American Indian☐ Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Other		nn American	☐ Un	known Hisp	anic or Latino Hispanic or Latino  Unknown			
Live Births:	Number now living				Numb	per now deceased	0			
Other Termination	Number of spontaneous				Numb	per of induced term	nations			
	ns (Do not include this termin	ation. If more than six (6	), those mo	ost recent.)			1			
ı. UNKNOWN	2	3	4	4		5	6			
Fetus delivered alive	3,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation			
						☐ Hemorrhag	ge			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products			
D-4b-1i1i-	nation If yes, results:			Other (Specify)						
Pathological examin performed?	iation if yes, results:									
☐ Yes ■	No					Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?			
						☐ res 🖪 N	0			
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Misoprosto	l vify)			
	argreat) Stiler (Speedy))				(1 (01150	igreal) Silier (Spec	-937			
	cal) Suction Curettage cal) Menstrual Aspiration					al) Suction Curetta al) Menstrual Aspi				
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, ansv	ver the following question.			
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
	tion was answered yes, comp	lete the following questio	ons.	_		_	es, complete the following questions.			
Was the fetus give	en the best opportunity to surv	• •		•	•	the best opportuni				
Yes [	_				Yes [	No				
	s for determination that the p rocedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?		r		woman?			1			
Date last normal me	=	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)			
How were the gestar	03/13/2018 tional age and post fertilization	on age determined?		7			5			
ULTRASOUND										
	ian performing termination									
DR. MANDY GITT	LER n performing termination (nu	mber and street city stat	te, and zin	code)						
	CUT STREET, MERRILLVI	•	., up	<del></del> /						
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
DATE RECEIVI	ED BY ISDH (month, day,	year):05/08/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregnar	ncy termination	County of pregnancy				
Patient's age** 21	Marrie [	d Yes • No	Date of pregnancy t		Educat	So	ne College, No Degree				
Race American Indian Native Hawaiian	n or Othe		= =	Black or Afric Other	can American		hnicity Hispanic or Latino Not Hispanic or Latino	Unknown			
Live Births:			0				0				
Other Termination	15.	umber of spontaneou	0			Number of induced	terminations 0				
Dates of termination			ation. If more than si	* **	,	5.	6.				
Fetus delivered alive	e?	I	me fetus survived:			C	omplication(s) of Pregnancy	Termination			
☐ Yes ■	No					■ Non	☐ Uterine	Perforation			
Estra adable 9		TC -: -1.1 4:1	f 4i4i		☐ Hemorrhage ☐ Cervical La						
Fetus viable?  Yes	No	if viable, medical	reason for termination	n:	☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examin	nation	If yes, results:			— United (Specify)						
performed?	No				Did this termination of pregnancy result in a maternal						
	INO					Yes	No No	in a maternal death?			
			Т	Type of Term	ination Procedur	es					
Procedure that Term	ninated P	regnancy			Additional Pro	ocedure that Termin	nted Pregnancy				
Medical (Nonsi						(Nonsurgical) Mife					
☐ Medical (Nons) ☐ Medical (Nons)						(Nonsurgical) Miso (Nonsurgical) Othe					
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suction (	urettage				
☐ Medical (Surgion	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Menstrua	l Aspiration				
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other (S <sub>i</sub>	ecify)				
								_			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks	:?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following que	estions.	If the previous	s question was answ	ered yes, complete the follow	ring questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the best opports  \text{No}	ortunity to survive?				
				4:4:	_	_					
that required the p			regnant woman had a ious impairment to th		that required		ation that the pregnant woma ert death or serious impairme				
woman?					woman?						
Data last na ····1	maga 1	an an	ים	sision satir	to of gostation /	n waaka)	Post fautilization acfd- C	tus (in weaks)			
Date last normal me	UN	KNOWN		sician estima	te of gestation (in	n weeks)	Post fertilization age of the fe	aus (in weeks)			
How were the gestar	tional ag	e and post fertilization	on age determined?			<u> </u>					
ULTRASOUND											
Full name of physic	ian perfo	rming termination									
DR. MANDY GITT	LER		-								
Address of physician 8645 CONNECTIC	•		mber and street, city, LLE, IN 46410	state, and zip	o code)						
		,	,								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year)	:							
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/08/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
Patient's age**	Marrie	d I	Date of pregnancy to	ermination	Educ	ntion						
25		Yes No	05/02/	2018					ollege, No Degr	ee		
Race American Indian Native Hawaiian	or Othe			lack or Af other	rican American		nknown ber now d	Not I	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0			Number of induced terminations						
Other Termination	3.		ation. If more than six	· (6) 4h a a a								
1	S (DO NO		3				5		6			
Fetus delivered alive		If yes, length of ti						Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ 1	No					■ None ☐ Uterine l						
5		70	reason for termination				ı	Hemorrhage	e 🔲 Ce	rvical Laceration		
Fetus viable?  Yes  I	1:			 	nfection	☐ Re	tained Products					
				_   _ (	Other (Spec	_						
Pathological examina	If yes, results:					outer (spec	.(1)					
performed?		11 yes, results.										
Yes •				Did this			esult in a maternal death?					
		•					•					
			T	mination Procedu	res							
Procedure that Term	inated P	regnancy			Additional P	rocedui	e that Ter	minated Pr	egnancy			
Medical (Nonsu					_			/lifepriston				
Medical (Nonsu	rgical)	Misoprostol				(Nonsi	ırgical) N	/lisoprostol				
Medical (Nonsu	irgicai)	Other ( <i>specify</i> )			Medical (Nonsurgical) Other (Specify)							
					_							
Medical (Surgic		tion Curettage istrual Aspiration						on Curettag strual Aspin				
Medical (Surgic								r (Specify)				
For Medical (Surgica	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) proced	lures, answ	er the following q	question.		
Was the fetus viabl ☐ Yes ☐		e a post fertilization	age at least 20 weeks	?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous questi	ion was	answered yes, compl	ete the following que	stions.	If the previo	ıs ques	tion was a	nswered ye	es, complete the fo	ollowing questions.		
Was the fetus giver	n the bes	st opportunity to surv	ive?		Was the fe	us give	n the best	opportunit	y to survive?			
☐ Yes ☐						Yes [			,			
			regnant woman had a							voman had a condition		
woman?	oceaure	to avert death or ser	ious impairment to the	e pregnant	woman?	ea tne p	rocedure i	o avert dea	ith or serious impa	airment to the pregnant		
Date last normal mer	nses beg	an	Phys	ician estin	nate of gestation (	in week	cs)	Post fe	rtilization age of t	he fetus (in weeks)		
	02/	26/2018			9				_	7		
How were the gestati	ional ag	e and post fertilization	n age determined?									
Full name of physici		rming termination										
DR. MANDY GITTL			1 1 :									
Address of physician 8645 CONNECTICE	-	-	mber and street, city, LLE, IN 46410	state, and	zıp code)							
		· · · · · · · · · · · · · · · · · · ·	· · ·									
**Date Reported t	to DCS	, if Patient under 1	6 (month, day, year):						_			
DATE RECEIVE												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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						y or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
Patient's age**	Marrie	yd.	Date of pregnancy term	nination	Educa	tion							
27		Yes No	05/02/20				Н		ol Diploma	or GED	)		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		n American		known er now d	■ Not F	nic or Latino Hispanic or La	tino	Unknown		
Live Births:	N	fumber of spontaneou	1					uced termin	0				
Other Terminations	5.		0			INUIII	oei oi iiiu	uced terrini	0				
Dates of terminations	s ( <i>Do no</i>		ation. If more than six (6		st recent.)		5			6			
Fetus delivered alive	?	If yes, length of ti						Complic	ation(s) of Pro	egnancy	Termination		
☐ Yes ■ N	No				■ None ☐ Uterine Perfo					e Perforation			
		70					□ I	Hemorrhage	e 🗆	Cervic	al Laceration		
Fetus viable?  Yes  N	No	If viable, medical	reason for termination:				I	nfection		Retain	ed Products		
								Other (Spec	rify)				
Pathological examination								(~ <i>I</i>	957				
performed?								Did this termination of magnetic result in a maternal death?					
165 🖹 140							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			Туре	e of Termin	ation Procedu	res							
Procedure that Termi	inated P	regnancy			Additional Pr	ocedure	e that Ter	minated Pr	egnancy				
☐ Medical (Nonsu	ırgical)	Mifepristone						lifepriston					
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐								lisoprostol other (Speci					
Medical (Surgice)	nal) Sua	tion Curattaga				(Suraio	al) Suati	on Curetta	70				
☐ Medical (Surgic	al) Mei	nstrual Aspiration			■ Medical	(Surgic	al) Mens	strual Aspir					
Medical (Surgic	al) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)					
											_		
For Medical (Surgica	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgica	al) proced	lures, answ	er the following	ng ques	tion.		
Was the fetus viabl ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous questi	ion was	answered yes, compl	ete the following question	ons.	If the previous question was answered yes, complete the following questions.					wing questions.			
Was the fetus giver ☐ Yes ☐		st opportunity to surv	ive?			us giver Yes - [		opportunit	y to survive?				
		armination that the n	egnant woman had a cor	ndition	_		_	mination th	at the progres	nt wom	an had a condition		
that required the pr			ious impairment to the pr		that require						ent to the pregnant		
woman?					woman?								
Dili	-				<u> </u>		,			C .1 .2			
Date last normal mer		an <b>'20/2018</b>	Physicia	an estimate	of gestation (i	n weeks	5)	Post fe	runzation age	of the f	etus (in weeks)		
How were the gestati	ional ag	e and post fertilization	n age determined?					ı					
ULTRASOUND													
Full name of physicis	an nerfo	rming termination											
DR. MANDY GITTL	_ER												
Address of physician 8645 CONNECTICE	-	-	mber and street, city, star	te, and zip o	code)			·					
JUTJ COMNECTICE	U1 311	NEET, WERRILLVI	LLL, II <b>4</b> 404 IV										
**Date Reported t	to DCS	, if Patient under 1	6 (month, day, year):						_				
•	ATE RECEIVED BY ISDH (month, day, year): 05/08/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 1	6TH STREET SUITE B2, INDIANAPOL	City 01	r town, of pregna	ncy termination		County of pregnancy termination MARION			
Patient's age** Marrie 31	d Date of p  Yes ■ No	oregnancy termination 05/03/2018	Educa	tion	<b>Assoc</b> Ethnicity	iate Degree			
American Indian or Alas Native Hawaiian or Othe	_	■ Black or Afri  Other	ican American	Unknown Number now d	Hispan Not Hi	ic or Latino spanic or Latino	Unknown		
Live Births:	umber of spontaneous terminat	3		Number of indi		0			
Other Terminations.	ot include this termination. If me	0	nost recent.)	rumber of ma	ucca termina	0			
	3		4	5	Complicat	ion(s) of Pregnancy Ter	rmination		
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of time fetus su	irvived:			Uterine Per				
Fetus viable?	If viable, medical reason for	termination:		Hemorrhage Cervical Lacerati					
☐ Yes ■ No									
			Other (Specif	ý)					
Pathological examination performed?	If yes, results:								
■ Yes □ No	SAC & CHORIONIC VILLI		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
_		Type of Term	nination Procedu						
Procedure that Terminated P	regnancy		Additional Pr	rocedure that Ter	minated Preg	gnancy			
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suc Medical (Surgical) Mei				(Surgical) Suction (Surgical) Mens					
Medical (Surgical) Oth	er (Specify)		☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) proce	edures, answer the following qu	estion.	For Medical (	(Surgical) proced	lures, answei	the following question.			
, , , ,	re a post fertilization age at leas		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
	answered yes, complete the following	lowing questions	If the previous question was answered yes, complete the following questions.						
Was the fetus given the bes	• • •	ao ming questions.	Was the fet	us given the best	•		, <b>4.0</b> 00101		
Yes No				Yes  No					
	ermination that the pregnant wo to avert death or serious impair					t the pregnant woman h or serious impairment			
Date last normal menses beg	an <b>05/2018</b>	Physician estima	ate of gestation (i	in weeks)	Post ferti	lization age of the fetus	(in weeks)		
	e and post fertilization age dete	rmined?	0			U			
SONOGRAM									
Full name of physician perfo	orming termination								
Address of physician perform	ning termination (number and s	treet city state and	in code)						
	T, INDIANAPOLIS, IN 46222	•	r couc)						
**Date Reported to DCS	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 05/08/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	CTICUT STREET,	City or to	own, of pregna MERRI	•		County of pregnancy termination LAKE		
	T			1 =				
Patient's age** 19	Married ☐ Yes ■ No	Date of pregnancy term 05/02/201		Educat	tion		ol Diploma or GED	
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		n American	☐ Un		nnic or Latino  Hispanic or Latino	
Live Births:	Number now living	0			Numb	er now deceased	0	
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 0	
Dates of termination	ns (Do not include this termin	*						
Fetus delivered alive	1	me fetus survived:	4.	·		5 Complic	cation(s) of Pregnancy Termination	
☐ Yes ■	, ,					None	☐ Uterine Perforation	
						☐ Hemorrhag	e	
Fetus viable?  Yes	,	reason for termination:				☐ Infection	Retained Products	
	110				_	_		
Pathological examir	nation If yes, results:			Other (Specify)				
performed?			District to the second					
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death ☐ Yes ■ No				
		Туре	of Termin	ation Procedur	res			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e	
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge .	
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration	
	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Oillei ( <i>specify)</i>		
	cal) procedures, answer the fo					•	er the following question.	
Was the fetus viab ☐ Yes	ble or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.	
Was the fetus give	en the best opportunity to surv	vive?		Was the fetu	us giver	the best opportunit	ty to survive?	
☐ Yes [	□ No				res [	] No		
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?		r. r		woman?			1	
Date last normal me	enses began 03/02/2018	Physicia	n estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  5	
How were the gesta	tional age and post fertilization	on age determined?		•			•	
ULTRASOUND								
E II							1	
DR. MANDY GITT	ian performing termination LER							
	n performing termination (nu	•	e, and zip o	code)				
0045 CUNNECTIC	CUT STREET, MERRILLVI	LLE, IN 4641U						
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_	
•	ATE RECEIVED BY ISDH (month, day, year): 05/08/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE. IN. 46410	OF MERRILLVILLE - 8645 CONNE	City or town		ncy termination		County of pregnancy termination <b>LAKE</b>			
, , , , , , , , , , , , , , , , , , , ,			ı				ı		
Patient's age**	Married	Date of pregnancy term		Educat		0	alla mar Na Danmara		
Race	☐ Yes ■ No	05/02/201	18			Ethnicity	ollege, No Degree		
American Indian	or Alaska Native or Other Pacific Islander	Asian Black	k or African A	merican	Unknown	☐ Hispa	anic or Latino Hispanic or Latino		
Live Births:	Number now living		:1		Number now d		-		
Other Termination	Number of spontaneo	us terminations			Number of ind	uced termi	nations 0		
	s (Do not include this termin	0	) those most re	ecent.)			1		
1. <b>2017</b>		3			5		6		
Fetus delivered alive		ime fetus survived:				Compli	cation(s) of Pregnancy Termination		
Yes I	No				■ N	None	☐ Uterine Perforation		
				☐ Hemorrhage ☐ Cervical Lace					
Fetus viable?  Yes  I		reason for termination:		☐ Infection ☐ Retained Products					
Pathological examin				Julei (Spec	cify)				
performed?	ation If yes, results:								
☐ Yes ■	No			Did this termination of pregnancy result in a maternal of Yes No					
						,	o .		
	Type of Termination Procedures								
Drogadure that T-	instad Progner ov	1,900				minata d D	ragnancy		
Procedure that Term	•		Ad		ocedure that Ter				
	rgical) Mifepristone rgical) Misoprostol				(Nonsurgical) M (Nonsurgical) M				
	orgical) Other (Specify)				(Nonsurgical) C				
	cal) Suction Curettage				(Surgical) Sucti				
Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)				(Surgical) Mens (Surgical) Other		ration		
	(-F 22)				( , , , , , , , , , , , , , , , , , , ,	(-r - 35)			
				3.5 11 1.0	~				
For Medical (Surgical	al) procedures, answer the fo	ollowing question.					ver the following question.		
Was the fetus viable Yes	le or have a post fertilization ☐ No	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was answered yes, comp	elete the following question	ons. If t	he previous	s question was a	nswered y	es, complete the following questions.		
Was the fetus given ☐ Yes ☐	n the best opportunity to sur	vive?	v	Vas the fetu	s given the best	opportuni	ty to survive?		
	_	. 1.1	11				1.41 4 12		
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?			W	voman?					
Date last normal men	•	Physicia	an estimate of g		ı weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat	03/07/2018 ional age and post fertilization	on age determined?		7			5		
ULTRASOUND		<u> </u>							
	an performing termination								
DR. MANDY GITTL	LER  n performing termination (nu	unhar and streat site state	to and sin and	a)					
= -	UT STREET, MERRILLV		ъ, ина хір соде	÷)					
**Date Reported	to DCS, if Patient under	16 (month day year):							
_	*Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					ncy ter	mination LE		County of pregnancy termination LAKE			
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion						
19		Yes No	05/02/20						llege, No Deg	ree		
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		n American		ıknown ber now d	Not H	nnic or Latino Hispanic or Latin	0	☐ Unknown	
Live Births:			0					uced termin	0			
Other Termination	15.	umber of spontaneou	0			Numt	per of ind	uced termir	nations 0			
Dates of termination	is (Do no		ation. If more than six (6		st recent.)		5		6			
Fetus delivered alive		If yes, length of ti			*			Complic	ation(s) of Pregi	nancy	Termination	
☐ Yes ■	No				■ None ☐ Uterine Perfo					Perforation		
							Пі	Hemorrhage	е По	ervica	al Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection			ed Products	
l les E	INO								_	ctanic	a Hoducts	
Pathological examination If yes, results:								Other (Spec	rify)			
Pathological examination performed?  If yes, results:												
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
<u> </u>		1										
			Туре	of Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	e that Ter	minated Pr	egnancy			
Medical (Nonsu	ırgical) l	Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone	e			
Medical (Nonsu  Medical (Nonsu	irgical)	Misoprostol			■ Medical	(Nonsu	rgical) M	1isoprostol				
iviedicai (Nonst	iigicai) (	Other ( <i>specify</i> )			☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgion Med		tion Curettage strual Aspiration						on Curettag strual Aspir				
Medical (Surgio	cal) Oth	er (Specify)						r (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) proced	lures, answ	er the following	quest	ion.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s quest	ion was a	nswered ye	es, complete the	follov	ving questions.	
		t opportunity to surv	ive?					opportunit	y to survive?			
☐ Yes [	☐ No					Yes [	No					
			regnant woman had a contous impairment to the pr								nn had a condition ent to the pregnant	
woman?	occuure	to avert death of sen	ious impairment to the pr	Contain	woman?	a ane pr	occuure t	o uvert deu	or serious im	Janin	one to the pregnant	
Date last normal me	_		Physicia	an estimate	of gestation (i	n week:	s)	Post fer	rtilization age of		etus (in weeks)	
How were the gestat		11/2018	n age determined?		7					5		
ULTRASOUND	nonai age	ana post rerunzano	n age determined?									
L												
Full name of physici		rming termination										
DR. MANDY GITTI	ands)											
8645 CONNECTIC	-	-	mber and street, city, stat L <b>LE, IN 46410</b>	e, ana zip e	coae)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):						-			
DATE RECEIVE	ATE RECEIVED BY ISDH (month, day, year): 05/08/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or town, of pregna	incy termination	County of pregnancy termination LAKE						
Patient's age** Married Date of pregnancy term	mination Educa	tion							
40			Some College, No Degree						
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Oth	ck or African American	Unknown	Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Unknown						
Live Births: Number now living 5		Number now de							
Other Terminations: Number of spontaneous terminations		Number of indu	aced terminations						
Dates of terminations (Do not include this termination. If more than six (	6), those most recent.)		U						
1 2 3	4	5	6						
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:			Complication(s) of Pregnancy Termination						
		■ N	Ione Uterine Perforation						
Fetus viable? If viable, medical reason for termination:		— П	Iemorrhage						
Yes No		☐ Infection ☐ Retained Produ							
			Other (Specify)						
Pathological examination If yes, results:									
performed?									
☐ Yes ■ No		Did this termination of pregnancy result in a maternal death ☐ Yes ■ No							
Тур	e of Termination Procedu	res							
Procedure that Terminated Pregnancy	Additional P	rocedure that Term	minated Pregnancy						
Medical (Nonsurgical) Mifepristone		(Nonsurgical) M							
<ul><li>Medical (Nonsurgical) Misoprostol</li><li>Medical (Nonsurgical) Other (Specify)</li></ul>		(Nonsurgical) M (Nonsurgical) O							
	2 - 2								
Madical (Supplied) Susting Co. 11		(Cumcical) C :	on Curattage						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration	☐ Medical	(Surgical) Suction (Surgical) Menst	trual Aspiration						
Medical (Surgical) Other (Specify)	☐ Medical	(Surgical) Other	(Specify)						
For Medical (Surgical) procedures, answer the following question.	For Medical	(Surgical) procedu	ures, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No							
If the previous question was answered yes, complete the following questi	ons. If the previou	is question was an	nswered yes, complete the following questions.						
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No		us given the best of	opportunity to survive?						
What was the basis for determination that the pregnant woman had a co		_	mination that the pregnant woman had a condition						
that required the procedure to avert death or serious impairment to the p	pregnant that require		o avert death or serious impairment to the pregnant						
woman?	woman?								
	L								
Date last normal menses began Physic 03/02/2018	ian estimate of gestation (	in weeks)	Post fertilization age of the fetus (in weeks)						
03/02/2018  How were the gestational age and post fertilization age determined?	9		7						
ULTRASOUND									
Full name of physician performing termination									
DR. MANDY GITTLER  Address of physician performing termination (number and street, city, sta	ate and zin code)								
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410	, απα την τουτή								
**Date Reported to DCS, if Patient under 16 (month, day, year): _									
DATE RECEIVED BY ISDH (month, day, year): 05/25/2018	05/05/0040								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	CTICUT STREET,	City or t	own, of pregna	•		County of pregnancy termination LAKE		
<b>.</b>		l D		- I			1	
Patient's age** 27	Married ☐ Yes ■ No	Date of pregnancy term 05/02/201		Educa	tion	Some C	ollege, No Degree	
Race American Indian Native Hawaiian	or Other Pacific Islander	Asian Black White Othe		an American		known Not	y anic or Latino Hispanic or Latino	
Live Births:	Number now living	2			Numb	er now deceased	0	
Other Termination	S: Number of spontaneous	us terminations 0			Numb	per of induced term	inations 0	
Dates of termination	s (Do not include this termin	nation. If more than six (6)		ost recent.)		-	,	
Fetus delivered alive		me fetus survived:		4.		Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ 1	No					■ None	☐ Uterine Perforation	
						☐ Hemorrhag	ge	
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products	
				☐ Other (Specify)				
Pathological examin	ation If yes, results:			- Other (specify)				
performed?								
l les 🕒		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
		Туре	of Termin	nation Procedur	res			
Procedure that Term	inated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy	
	argical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne	
	rgical) Misoprostol other (Specify)					rgical) Misoprosto rgical) Other (Spec		
Medical (Surgio	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	nge	
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Asp al) Other (Specify)	iration	
iviedicai (Surgio	car) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify</i> )		
					· ·			
	al) procedures, answer the fo					•	ver the following question.	
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	ion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.	
	n the best opportunity to surv	vive?				the best opportuni	ty to survive?	
☐ Yes ☐	No				Yes [	No		
	s for determination that the p rocedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?				woman?	1		1 1 0	
				<u> </u>				
Date last normal me	nses began UNKNOWN	Physicia	nn estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6	
How were the gestat	ional age and post fertilization	on age determined?					•	
ULTRASOUND								
E II C C C C							,	
Full name of physici DR. MANDY GITTI	an performing termination LER							
	n performing termination (nu	•	e, and zip	code)				
8645 CONNECTIC	UT STREET, MERRILLVI	LLE, IN 46410						
**Date Reported	to DCS, if Patient under	16 (month day year):						
•	ED BY ISDH (month, day,						_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address ELINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
Patient's age** 25	Mari	ried □ Yes ■ No	Date of pregna	ancy termi 05/03/201		Educa	tion		ollege, No Degree		
Race American Indian			Asian	=		an American			panic or Latino		
☐ Native Hawaiian		her Pacific Islander Number now living	White	Other	r		Unknown Number nov		Hispanic or Latino Unknown		
Other Termination	ns:	Number of spontaneou	s terminations				Number of	nduced term			
	ns (Do	not include this termina	ution. If more th	han six (6)	, those mo	ost recent.)			1		
		2				4			ication(s) of Pregnancy Termination		
Fetus delivered alive		If yes, length of tir	ne fetus survivo	ea:				None	Uterine Perforation		
						☐ Hemorrhage ☐ Cervical Lacera					
Fetus viable?	No	If viable, medical i	reason for term	ination:		☐ Infection ☐ Retained Produ					
	110								_		
Pathological examin	If yes, results:						Other (Spe	cegy)			
performed?  • Yes	No	SAC, CHORIONI	C VILLI, & FE	ETAL PAI	RTS	Did this termination of pregnancy result in a maternal					
				Туре	of Termir	nation Procedu	res				
Procedure that Terminated Pregnancy							rocedure that		•		
☐ Medical (Nonst						☐ Medical ☐ Medical	(Nonsurgical (Nonsurgical	Mifepristo Misoprosto	ne ol		
	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica		enstrual Aspiration					(Surgical) Su (Surgical) M				
Medical (Surgio							(Surgical) O				
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	n.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes		ave a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
		is answered yes, compl	ete the followir	ng auestion	ns.	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.					
		est opportunity to surv		-6 1		•	•	•	ity to survive?		
Yes [			.,				Yes No	ost opportun	10, 10 341 11 01		
		etermination that the pr re to avert death or seri							that the pregnant woman had a condition eath or serious impairment to the pregnant		
woman?			•	•		woman?	-				
Detail :	1		1	Di · ·		-E	· · · · · · · · · · · · · · · ·	T =	hadding and Co. C. I.		
Date last normal me		egan <b>2/05/2018</b>		Physicia	n estimate	of gestation (a	in weeks)	Post f	Pertilization age of the fetus (in weeks)		
How were the gestar	tional a	ge and post fertilization	n age determine	ed?				•			
SUNUGRAW											
Full name of physic	ian per	forming termination									
Address of physicia		rming termination (nun	nher and stuant	t city state	e and riv	code)					
	-	ET, INDIANAPOLIS,		., cuy, suut							
**D-4- B	te Do	C :fD-4:- / 1 1	6 (								
_	*Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	ED BY	ISDH (month, day, y	year):	2010					<u> </u>		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222				town, of pregna	ncy termination	County of pregnancy termination MARION			
Patient's age**			Date of pregnancy	termination	Educat	tion				
27	Marrio	ed ☐ Yes ■ No		3/2018	Educat		chelor's Degree			
Race American Indian Native Hawaiian Live Births:	or Oth		White	Black or Afric	can American		panic or Latino t Hispanic or Latino  Unknown			
Other Termination	Ne: N	Number of spontaneou	as terminations			Number of induced terr				
		ot include this termin	0 ation. If more than s	ix (6), those n	nost recent.)		1			
1. UNKNOWN		2	3		4	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			Comp	lication(s) of Pregnancy Termination			
l les 🕒	NO					■ None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination	on:		Hemorrh	age Cervical Laceration			
Yes •	No		- <b></b>	,		☐ Infection	☐ Retained Products			
							☐ Other (Specify)			
Pathological examin	ation	If yes, results:								
performed?	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal death?					
	110				Did this termination of pregnancy result in a maternal death ☐ Yes ■ No					
			,	Type of Term	ination Procedur	res				
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure that Terminated	Pregnancy			
☐ Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsurgical) Mifepristo	one			
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) Misoprosi (Nonsurgical) Other (Sp				
		(2F 20 93)				((-p				
	1) 0				<del></del>	(0 1 1) 0 1 0				
	cal) Me	nstrual Aspiration				(Surgical) Suction Curet (Surgical) Menstrual As	piration			
Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical	(Surgical) Other (Specify	v)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures, and	swer the following question.			
Was the fetus viab		ve a post fertilization	age at least 20 week	s?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following qu	estions.	If the previou	s question was answered	yes, complete the following questions.			
Was the fetus give		st opportunity to surv	rive?			us given the best opportu	nity to survive?			
What was the basis	s for det	ermination that the pr	regnant woman had a	a condition	What was th	ne basis for determination	that the pregnant woman had a condition			
		e to avert death or ser					eath or serious impairment to the pregnant			
woman.					woman.					
Date last normal me	nces has	ran	Dh	reician actimo	te of gestation (i	n waaks) Doot	fertilization age of the fetus (in weeks)			
	03	/08/2018		, oreran Estillia	<b>8</b>	n weens) Fust	6			
	tional ag	ge and post fertilization	on age determined?			,				
SONOGRAM										
Full name of physici	ian norf	orming termination								
KATHLEEN GLO	•	Anning termination								
* *	-	ming termination (nu	•	, state, and zip	code)					
3607 WEST 16TH	SIKEE	II, INDIANAPOLIS	, IN 46222							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
_		ISDH (month, day,								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 1	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						County of pregnancy termination MARION			
Patient's age**			Date of pregnancy term	vination	Educa	tion					
24	Marrie	ed ☐ Yes ■ No	05/03/20		Educa		ligh Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou	us terminations 2			Number of inc	luced termi	nations 0			
Dates of termination		ot include this termin	ation. If more than six (6			5		6			
Fetus delivered alive		1	me fetus survived:		*		Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					•	None	☐ Uterine Perforation			
							Hemorrhag	ge Cervical Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
								_			
Pathological examin	nation	If yes, results:					Other (Specify)				
performed?											
■ Yes No SAC & CHORIONIC VILLI							s terminati s 🔳 N	on of pregnancy result in a maternal death?			
			Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonst						(Nonsurgical)					
Medical (Nonsi						(Nonsurgical) I (Nonsurgical) (					
■ Medical (Surgical) Suction Curettage							ion Curetta	nge			
	cal) Mei	nstrual Aspiration			Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration			
- Medicai (Saigh	cui) oui	or (speedy)				(Surgicur) Our	л (Бресцу)				
For Medical (Surgic	nal) proce	aduras answer the fo	llowing question		For Medical (	Surgical) proce	durae aneu	ver the following question.			
	, 1		0 1								
Was the fetus viab  ☐ Yes  ☐		e a post tertifization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	If the previous question was answered yes, complete the following questions.					
Was the fetus give		st opportunity to surv	vive?			us given the bes	t opportuni	ty to survive?			
		armination that the n	roomant woman had a con	dition	_	_	rmination t	hat the progrant woman had a condition			
that required the p			regnant woman had a con ious impairment to the pr		that require			that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
-			[ · ·				15				
Date last normal me	_	an /18/2018	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestar	tional ag	e and post fertilization	on age determined?				1				
SONOGRAM											
Full name of physic	ian perfo	rming termination									
KATHLEEN GLO	VER										
Address of physicia 3607 WEST 16TH	-	-	mber and street, city, stai	te, and zip	code)						
300. 11201 10111		.,	,								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVI	ATE RECEIVED BY ISDH (month, day, year): 05/08/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST	1 16TH STREET SUITE B2,	City or to		ncy termination		County of pregnancy termination MARION			
Patient's age** Marr	ied □ Yes ■ No	Date of pregnancy term 05/03/20		Educa	tion		ciate Degree		
Race American Indian or Ala		= =	k or Africar	n American			nic or Latino		
Native Hawaiian or Oth	Number now living	White Othe	er		Unknown Number now d		Hispanic or Latino	Unknown	
	Number of spontaneo	us terminations			Number of ind	uced termin			
Dates of terminations (Do n	not include this termir	0 nation. If more than six (6	), those mos	t recent.)			0		
1	2	3	4.		5		6		
Fetus delivered alive?  Yes No	If yes, length of the	ime fetus survived:			y Termination				
				■ None					
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■ No				☐ Infection ☐ Retained Products					
						Other (Spec	rify)		
Pathological examination performed?	If yes, results:								
■ Yes No SAC & CHORIONIC VILLI Did this termination of pregnan Yes No								It in a maternal death?	
		Туре	e of Termina	tion Procedur	res				
Procedure that Terminated	Pregnancy			Additional Pr	rocedure that Ter	minated Pr	egnancy		
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)					(Nonsurgical) N				
Medical (Nonsurgical)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Su					(Surgical) Sucti				
Medical (Surgical) M Medical (Surgical) Ot					(Surgical) Men (Surgical) Othe		ation		
For Medical (Surgical) pro-	cedures, answer the fo	ollowing question.		For Medical (	(Surgical) proced	lures, answ	er the following que	 stion.	
Was the fetus viable or ha ☐ Yes ■ No		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question wa	s answered yes, comp	olete the following question	ons.	If the previou	s question was a	inswered ye	es, complete the follo	owing questions.	
Was the fetus given the b	est opportunity to sur	vive?		Was the fett	us given the best	-	_	• •	
Yes No				_ Y	Yes No				
What was the basis for de that required the procedur woman?							nat the pregnant wor th or serious impair	nan had a condition ment to the pregnant	
Date last normal menses be	egan 3/26/2018	Physicia	an estimate	of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestational a	ge and post fertilization	on age determined?				1			
SONOGRAM									
Full name of physician per	forming termination								
KATHLEEN GLOVER	-								
Address of physician performance 3607 WEST 16TH STRE	•	•	te, and zip c	ode)					
**Date Reported to DC							-		
DATE RECEIVED BY	ICDU (month dan	" <sub>aam</sub> ). U5/U8/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnancy termination MARION		
Patient's age**	Marrie	rd	Date of pregnancy term	nination	Educa	tion				
21		Yes No	05/03/20			Н		ool Diploma or GE	D	
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	0 us terminations			Number of ind		nations		
Other Termination	15.		ation. If more than six (6	those m	ost recent )			1		
1. UNKNOWN			3			5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy Termination					
☐ Yes ■	No					<b>•</b> 1	None	☐ Uterii	ne Perforation	
Fetus viable?		If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration					
Yes •	No	ii viaoie, inculcai	reason for termination.			□ I	nfection	☐ Retain	ned Products	
							Other (Spe	cify)		
Pathological examin	ation	If yes, results:								
performed?  • Yes	No	SAC & CHORIO	NIC VILLI			Did this	s terminati	on of pregnancy resu	It in a maternal death?	
						☐ Yes ■ No				
			Туре	e of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) N				
Medical (Nonst					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	ıge		
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other				
	,	(-1 - 35)				( 8 )	(-1 - 35)			
For Medical (Surgic	eal) proce	duras answar tha fo	llowing question		For Medical (	(Surgical) proces	lurge ones	ver the following que	etion	
	_							• •		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.	
Was the fetus give	n the bes	st opportunity to surv	rive?		Was the fett	us given the best	opportuni	ty to survive?		
☐ Yes [	☐ No				Y	Yes No				
			regnant woman had a con lous impairment to the pa					hat the pregnant won ath or serious impair		
woman?	roccaure	to avert death of ser	rous impuniment to the pr	Cognant	woman?	a the procedure t	o avert de	atir or sorrous impair	nem to the pregnant	
					I					
Date last normal me	_	an 05/2018	Physici	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestat			on age determined?		8			6		
SONOGRAM										
Full name of physics	_	rming termination		_			_			
		ning termination (nu	mber and street, city, sta	te, and zip	code)					
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222							
**D-4- D	to DOG	if Detiral	6 (							
-			6 (month, day, year):					_		
DATE RECEIVE	ED BY	ISDH (month, day,	year): 03/06/2016					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 west 16th street suite b2,	INDIANAPOLIS, IN 46222	City or to	own, of pregna			County of pregnancy termination MARION			
Patient's age**  36	Married Yes No	Date of pregnancy term		Educa	tion	Doch	elor's Degree			
Race	☐ Yes ■ No	05/03/20	18			Ethnicity	elor's Degree			
☐ American Indiar	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ■ White ☐ Other		ın American	□ IIn	☐ Hispa	unic or Latino  Iispanic or Latino  Unknown			
Live Births:	Number now living	3				per now deceased	0			
Other Termination	Number of spontaneo				Numb	per of induced termi	-			
	ns (Do not include this termin	nation. If more than six (6	), those mo	st recent.)			ı			
1. 10/26/2017		3	4	l		5	ation(s) of Pregnancy Termination			
Fetus delivered alive	, , ,	ime fetus survived:				None •	_			
					Uterine Perforation					
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Spec	ify)			
Pathological examin performed?	nation If yes, results:									
■ Yes □	No SAC & CHORIC	NIC VILLI					on of pregnancy result in a maternal death?			
				Yes No						
		Т	of Tormin	nation Dranad	rac					
December 1 1 1 2 2	in stad Dur	1 ype	or remnin	ation Procedu		- d-4T 1 1 1 5				
Procedure that Term						e that Terminated Pr				
	urgical) Mifepristone urgical) Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
☐ Medical (Nonst	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
	cal) Suction Curettage			Medical	(Surgic	cal) Suction Curetta	ge			
Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgic	cal) Menstrual Aspir cal) Other (Specify)	ration			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	(Surgica	al) procedures, answ	er the following question.			
	ble or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [				Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	elete the following question	ons.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [	en the best opportunity to sur  No	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
What was the basis	s for determination that the p	oregnant woman had a cor	ndition	What was the basis for determination that the pregnant woman had a condition						
	rocedure to avert death or se						th or serious impairment to the pregnant			
oman:				Oman :						
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in week	s) Post fe	rtilization age of the fetus (in weeks)			
	03/06/2018		- I Julian	7	,	, Tost ic	5			
How were the gestat	tional age and post fertilizati	on age determined?								
JUNDUKAW										
Full name of physic	ian performing termination									
KATHLEEN GLO	VER									
	n performing termination (na STREET, INDIANAPOLIS	•	te, and zip	code)						
500. WEO! 101H	O.M. E. INDIANAI OLIV	-,								
**Date Reported	to DCS, if Patient under	16 (month, dav. vear):								
_	ED RV ISDH (month day						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to	own, of pregna	-		County of pregnancy termination MARION			
Dadiana () steate			D-4	-:	l mi	4:					
Patient's age** 38	Marrie [	ed ☐ Yes ■ No	Date of pregnancy term <b>05/03/20</b>		Educa	tion	Asso	ociate Degree			
Race American Indiar Native Hawaiiar Live Births:	or Othe		Asian Blace White Oth		n American			y anic or Latino Hispanic or Latino			
Other Termination	s: N	umber of spontaneou	us terminations 0			Numb	er of induced termi	nations 2			
Dates of termination		ot include this termin UNKNOWN	ation. If more than six (6		st recent.)						
Fetus delivered alive		If yes, length of ti	me fetus survived:	4	*		5 Complic	cation(s) of Pregnancy Termination			
☐ Yes ■		y,g					None	☐ Uterine Perforation			
							☐ Hemorrhag	e Cervical Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination:			☐ Infection	Retained Products				
						Other (Spec	— cify)				
Pathological examin	-957										
performed?  ■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal death?						
	110				Did this termination of pregnancy result in a maternal death ☐ Yes ■ No						
			Тур	e of Termin	ation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e I			
Medical (Nonst					Medical (Nonsurgical) Other (Specify)						
Medical (Surgio							al) Suction Curetta				
Medical (Surgio		nstrual Aspiration er (Specify)					al) Menstrual Aspi al) Other (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, answ	ver the following question.			
		e a post fertilization	age at least 20 weeks?					tilization age at least 20 weeks?			
☐ Yes [	_				☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	is questi	on was answered yo	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us given Yes 🔲	the best opportunit  No	ty to survive?			
What was the basis	s for dete	ermination that the pr	regnant woman had a co	ndition	What was tl	he basis	for determination t	hat the pregnant woman had a condition			
			ious impairment to the p					ath or serious impairment to the pregnant			
Date last normal me	nses beg	an	Physici	an estimate	of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		14/2018	n age determined?		7			5			
SONOGRAM	ionai ag	e ana post tertilizatio	m ago actoriffica?								
_											
Full name of physics  KATHLEEN GLO	_	rming termination									
		ning termination (nu	mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222								
**Date Reported	to DCS	. if Patient under 1	6 (month, day, year): _								
_								_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		6TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	City or to	wn, of pregna	-		County of pregnancy termination MARION			
D-41- 12 and			D-t- C			4:-					
Patient's age** 22	Marrie [	d Yes • No	Date of pregnancy term 05/03/20		Educa	tion	Asso	ociate Degree			
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Blac Othe	k or African er	American	Unl		anic or Latino Hispanic or Latino Unknown  0			
Other Termination	ıs: N	umber of spontaneou	us terminations			Numb	er of induced termi	nations 0			
Dates of termination	is (Do no		ation. If more than six (6								
Fetus delivered alive	2		me fetus survived:	4.			5 Complie	cation(s) of Pregnancy Termination			
Yes •		ii yes, lengui oi ti	me retus surviveu.				■ None	Uterine Perforation			
							☐ Hemorrhag	<u>_</u>			
Fetus viable?	NT -	If viable, medical	reason for termination:				_				
☐ Yes ■	NO					☐ Infection	Retained Products				
Pathological examin	ation	If yes, results:		Other (Spec	ify)						
performed?			NIO VII I I		Did this termination of magazaness with in a material 1. d.0						
■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No						
			Туре	of Termina	tion Procedu	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
Medical (Nonst							gical) Mifepriston				
Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgica	al) Suction Curetta	ge			
	cal) Mer	strual Aspiration			Medical	(Surgica	al) Menstrual Aspi				
I Wedlear (Surgi	car, car	or (speedy)				(Burgiet	ii) Guiei (speegy)				
For Medical (Surgic	al) proce	duras, answar the fo	llowing question		For Modical (	Curaia	1) procedures answ	er the following question.			
			• •				•	• •			
Was the fetus viab  ☐ Yes [		e a post fertifization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	s questi	on was answered ye	es, complete the following questions.			
		t opportunity to surv	vive?				the best opportunit	ey to survive?			
☐ Yes [	_				_	Yes _	-				
			regnant woman had a cor ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
Determina			1 / -		C		, I				
Date last normal me		an <b>09/2018</b>	Physicia	an estimate o	of gestation (i	n weeks	) Post fe	rtilization age of the fetus (in weeks)  5			
How were the gestat	tional ago	e and post fertilization	on age determined?				ı				
CONCONAIN											
Full name of physic	_	rming termination									
Address of physician		ning termination (mu	mber and street, city, star	te and zin o	ode)						
3607 WEST 16TH	-		•	шш хір Сі							
•			6 (month, day, year):					-			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/08/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Political Suggest   Married   No	Base   Section   Section	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANA	City or	town, of pregnar	ncy termination	Cour	County of pregnancy termination MARION						
Antaric Holian or Okarics Native	Asian   Asian   Asian   Asian   Asian   Asian   Asian   Asian   Other   Circkmore   Number now large   Other   Other	25	1 0 1	Educat		<u> </u>	oloma or GED						
Other Terminations:    Number of sportaneous terminations   Number of induced terminations	Other Terminations:   Number of spontaneous terminations   Number of induced terminations   Other Isosations   If yes, length of time fetus start (b), those most recent.	Assignment   Assig	=	can American		☐ Hispanic or ☐ Not Hispanic	ic or Latino	Unknown					
Other (remnantions)    Description of the product of this termination if more than six (s), those most recent.)    Petus delivered alive?	Other (terminations) (Po not include dist termination: If more than six (i), those most recent.)    Pethodolycael alive?	Number of spontaneous term			Number of indu	iced terminations							
Form delivered aliver?   No   If yes, length of time fetus survived:	Fetus delivered alive?   If yes, length of time fetus survived:	Dates of terminations (Do not include this termination.	0 If more than six (6), those n	nost recent.)			0						
Possible   None   Uterine Perforation   None   Uterine Perforation   Hemorrhage   Cervical Laceration   Hemorrhage   Cervical Laceration   Infection   Retained Products   Other (Specify)   O	None   Uterine Perforation			4	5	Complication(s	s) of Pregnancy	Termination					
Fetus viable?   Fetus viable   If viable, medical reason for termination:	Fetus viable?		us survived.				_						
Fets   Yes   No   If viable, medical reason for termination:       Infection   Retained Products	Fetus valse?   No   If visable, medical reason for termination:     Infection   Retained Products   Other (Specify)					Jemorrhage	— ☐ Cervic:	al Laceration					
Pathological examination performed?    Yes   No   No   SAC & CHORIONIC VILLI	Pathological examination performant?		for termination:										
Pathological examination performed?   Yes	Puthological examination performed?	les E No				_							
Type of Termination Procedures    Yes   No	Performed?	Dethalorical anguination of the secondary			- $       -$	Other (Specify)							
Type of Termination Procedures    Yes   No	Type of Termination Procedures    Type of Termination Procedures   Yes   No	performed?											
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	Procedure that Terminated Pregnancy	■ Yes  No SAC & CHORIONIC V	ILLI										
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other	Type of Termination Procedures											
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)	Dropodows that Tame in the J. Dropos	Type of Term			minata I D.							
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)	Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   Was the fetus siven the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   Was the fetus given the p	_		1_			cy						
■ Medical (Surgical) Suction Curettage         Medical (Surgical) Menstrual Aspiration           Medical (Surgical) Menstrual Aspiration         Medical (Surgical) Other (Specify)           For Medical (Surgical) Other (Specify)         Medical (Surgical) Other (Specify)         For Medical (Surgical) Other (Specify)         For Medical (Surgical) Procedures, answer the following question.           Was the fetus viable or have a post fertilization age at least 20 weeks?         Yes   No           If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?           Yes   No         Was the fetus given the best opportunity to survive?           Yes   No         Was the fetus given the best opportunity to survive?           Yes   No         Was the fetus given the best opportunity to survive?           Yes   No         Was the fetus given the best opportunity to survive?           Yes   No         Yes   No         What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?           Date last normal menses began         Physician estimate of gestation (in weeks)         Post fertilization age of the fetus (in weeks)         Toward feeting fertilization age and post fertilization age determined?         SONOGRAM          Pos	Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Procedures answered yes, complete the following questions   Was the fetus viable or have a post fertilization age at least												
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Properties   Medical (Surgical) Other	Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   For Medical (Surgical) Procedure to Assert the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Pres	Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Other (Specify)   Medical (Surgical) Properties   Medical (Surgical) Properties   Medical (Surgical) Other	Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   For Medical (Surgical) Procedure to Assert the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Pres												
Medical (Surgical) Other (Specify)	Medical (Surgical) Other (Specify)												
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No	Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No	Medical (Surgical) Other (Specify)											
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No	Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No	For Medical (Surgical) procedures answer the followin	g question	For Medical (	Surgical) proced	ures answer the	following quest	– ion					
Yes   No     Yes   No   Yes   Yes   Yes   Yes   No   Yes   Yes   Yes   Yes   Yes   No   Yes   Yes   Yes   Yes   Yes   No   Yes	Yes   No   Yes   No   Yes   No   No   No   No   No   No   No   N			Was the fetus viable or have a post fertilization age at least 20 weeks?									
Was the fetus given the best opportunity to survive?  Yes No  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  7  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	Was the fetus given the best opportunity to survive?  Yes No  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Was the fetus given the best opportunity to survive?  Yes No  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  To be fertilization age of the fetus (in weeks)  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	☐ Yes ■ No		Yes No									
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  O3/01/2018  Physician estimate of gestation (in weeks)  Thow were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  Thow were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)		e following questions.		_	-		ving questions.					
that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  T  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  The weeks of physician performing termination (number and street, city, state, and zip code)  that required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  The procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  Sonogram  Full name of physician performing termination (number and street, city, state, and zip code)					opportunity to su	ırvive?						
woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  T  Post fertilization age of the fetus (in weeks)  5  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	woman?  Date last normal menses began  O3/01/2018  Physician estimate of gestation (in weeks)  T  Post fertilization age of the fetus (in weeks)  5  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)												
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)		npairment to the pregnant		the procedure to	o avert death or s	serious impairm	ent to the pregnant					
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)												
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	Date last normal mences began	Dhysisian astima	te of gestation (	n waaks)	Post fartilizat	ion aga of the f	etus (in wooks)					
Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)	_	i nysician esuma	-	weeks)	1 ost fertilizat	-	cus (in weeks)					
KATHLEEN GLOVER Address of physician performing termination (number and street, city, state, and zip code)	KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)		determined?			· 							
KATHLEEN GLOVER Address of physician performing termination (number and street, city, state, and zip code)	KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)												
			•	p code)									
	**Date Reported to DCS, if Patient under 16 (month, day year):	**Date Reported to DCS if Datiant under 14 /	nth day year).										
**Data Penarted to DCS if Patient under 16 (month day year)	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year): 05/08/2018	-	05/00/0040										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	acility Name and Address NIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222  City or town, of pregnancy termination  County of pregnancy termination										
CLINIC FOR WOMEN - 3607 WE	ST 16TH STREET SUITE B2,	INDIANAPOLIS, IN 46222		INDIAN	IAPOLIS		MARION				
Patient's age** Ma	urried	Date of pregnancy term 05/03/20		Educa			ool Diploma or GED				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blace ☐ Oth		nn American	Unknown	■ Not I	y anic or Latino Hispanic or Latino				
Live Births:	Number now living	1			Number now d		0				
Other Terminations:	Number of spontaneou	1			Number of ind	uced termi	inations 6				
Dates of terminations (Dates of terminations	o not include this termin 2. 05/04/2017	ation. If more than six (6		st recent.) 11/05/2015	5. 0	08/07/201					
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:			_	_	cation(s) of Pregnancy Termination				
					1	Vone	☐ Uterine Perforation				
Fetus viable?	If viable, medical	reason for termination:			D	Hemorrhag	ge Cervical Laceration				
☐ Yes ■ No					□ I	Infection	☐ Retained Products				
						Other (Spec	cify)				
Pathological examination performed?	If yes, results:										
■ Yes □ No	SAC & CHORIO	NIC VILLI				on of pregnancy result in a maternal death?					
				Yes No							
Type of Termination Procedures											
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgica	al) Mifepristone			☐ Medical	(Nonsurgical) M	//////////////////////////////////////	ne				
☐ Medical (Nonsurgica				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	, (1 32)			_		. 1	<i>327</i>				
Medical (Surgical) S	Suction Curettage			☐ Medical	(Surgical) Sucti	on Curetta					
☐ Medical (Surgical) I	Menstrual Aspiration			■ Medical	(Surgical) Mens (Surgical) Other	strual Aspi	iration				
Medical (Surgical)	Other ( <i>Specify</i> )			☐ Medicai	(Surgical) Other	г (Ѕресіју)					
					(2 . 1)						
For Medical (Surgical) pr		• •		For Medical (Surgical) procedures, answer the following question.  Was the fetus yields or have a post fertilization age at least 20 weeks?							
Was the fetus viable or  ☐ Yes ■ N		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question v	was answered yes, comp	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the following questions.				
Was the fetus given the		vive?			us given the best	opportuni	ty to survive?				
Yes N			11.1	_	Yes No		d and the state of				
that required the proced		regnant woman had a cor ious impairment to the p		that require			that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?				woman?							
Didi	1	l pu		6							
Date last normal menses began  O3/12/2018  Physician estimate of gestation (in weeks)  8  Post fertilization age of the fetus (in weeks)  6											
How were the gestational age and post fertilization age determined?											
SONOGRAM											
Full name of physician po	erforming termination										
KATHLEEN GLOVER											
Address of physician perf 3607 WEST 16TH STR	_		ite, and zip	code)							
**Date Reported to D							_				
DATE RECEIVED B	BY ISDH (month, day,	year):					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION			
Patient's age**		Date of pregnancy term	vination	Educa	tion					
34	Married  ■ Yes □ No	05/05/20		Educa	uon	High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Alaska Native or Other Pacific Islander Number now living	■ White ☐ Othe		an American			anic or Latino Hispanic or Latino   Unknown			
	Number of spontaneous	us terminations			Numb	per of induced termi	onations on the state of the st			
Other Termination	ss:   The second of the second	0	) those me	ost recent )			1			
2013		3		4		5	6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
Yes I	No					None	☐ Uterine Perforation			
						☐ Hemorrhag	ge			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products			
				☐ Other (Specify)						
Pathological examin	ation If yes, results:					☐ Office (Spe	Ctyy)			
performed?										
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
		Туре	e of Termin	nation Procedu	res					
Procedure that Term	inated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
☐ Medical (Nonsu	argical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne			
	argical) Misoprostol argical) Other (Specify)			☐ Medical	(Nonsu	rgical) Misoprosto	1			
	argreati) Guiler (Speedyy)			_						
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	<ul><li>al) Suction Curetta</li><li>al) Menstrual Aspi</li></ul>	ration			
☐ Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	al) procedures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, ansv	ver the following question.			
	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.						
	n the best opportunity to surv	vive?				the best opportuni	ty to survive?			
☐ Yes [	_			_	Yes [	_				
	s for determination that the p rocedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?		r		woman?			I was a second			
Date last normal me	=	Physicia	an estimate	e of gestation (i	n weeks	r) Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	03/03/2018 ional age and post fertilization	on age determined?		10			8			
ULTRASOUND	ugo una post fortinzano	ago doterminou:								
	ian performing termination									
DR. SARAH JULIA				7.						
	n performing termination (nu WN ROAD, INDIANAPOL	•	ie, ana zip	coue)						
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
_	ED BY ISDH (month, day,									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	ddres PPGI)	SS - 8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•			County of pregnar	acy termination		
Patient's age**		. ,	Date of pregnancy term	nination	Educa	tion						
22	Mai	rried	05/05/20		Educa	uon	Hi	igh Schoo	ol Diploma or GE	:D		
Race American Indian Native Hawaiian		laska Native [		ck or Africa	n American	□Un	ıknown	Ethnicity  Hispa	nic or Latino	☐ Unknown		
Live Births:		Number now living	0				per now de		0			
Other Terminations		Number of spontaneou				Numb	per of indu	iced termin	nations			
		not include this termina	0	those mo	st recent )				0			
1		2	3	4.	·		5		6			
Fetus delivered alive	?	If yes, length of tir	ne fetus survived:					Complica	ation(s) of Pregnan	cy Termination		
☐ Yes ■ N	No						■ N	None	☐ Uteri	ne Perforation		
							Пн	Iemorrhage	e □ Cerv	ical Laceration		
Fetus viable?		If viable, medical r	eason for termination:					, ,				
☐ Yes ■ N	No						li	nfection	☐ Retai	ned Products		
								Other (Speci	ify)			
Pathological examina performed?	ation	If yes, results:										
Yes I	No				Did this termination of pregnancy result in a maternal dea							
				☐ Yes ■ No								
			Туре	e of Termin	ation Procedu	res						
Procedure that Termi	inated	d Pregnancy			Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsu	raica	1) Mifenristone			☐ Medical	(Noneu	raical) M	lifenristone	<u>.</u>			
☐ Medical (Nonsu	rgica	l) Misoprostol			Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol							
☐ Medical (Nonsu	rgica	l) Other (Specify)			☐ Medical	(Nonsu	rgical) O	ther (Speci	fy)			
		uction Curettage						on Curettag				
☐ Medical (Surgical Description  ☐ Medical Description  ☐ Medical (Surgical Description  ☐ Medical Description  ☐ M		Menstrual Aspiration Other (Specify)			<ul><li></li></ul>	(Surgic (Surgic	al) Mens al) Other	trual Aspiratrual (Specify)	ation			
		1 337			_	` "	,	(1 33)				
For Medical (Surgica	al) pr	ocedures, answer the fol	lowing question.		For Medical (	Surgica	al) proced	ures, answe	er the following que	estion.		
	e or l ■ N	nave a post fertilization a	age at least 20 weeks?			us viabl Yes [		a post ferti	lization age at least	20 weeks?		
If the previous questi	ion w	as answered yes, comple	ete the following question	ons.	If the previou	s quest	ion was ar	nswered ye	s, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to survi	ve?			us giver Yes [		opportunity	y to survive?			
	_		agnost waman had a gor	dition	_		_	mination th	eat the present was	man had a condition		
that required the pro-		letermination that the pro are to avert death or seri			that require					ment to the pregnant		
woman?					woman?							
Date last normal men		•	Physicia	an estimate	of gestation (i	n week	s)	Post fer	tilization age of the	e fetus (in weeks)		
How was the		02/28/2018	a nga datamatin - 10		9				7			
How were the gestati	ional	age and post fertilization	i age determined?									
221111000110												
Full name of physicia	an ne	rforming termination										
DR. SARAH JULIA	_	-										
		orming termination (num		te, and zip o	code)							
8590 GEORGETOV	VN F	ROAD, INDIANAPOLI	5, IN 46268									
**Date Reported t	o D0	CS, if Patient under 1	6 (month, day, year):									
DATE RECEIVE	D B	Y ISDH (month, day, y	near):05/09/2018						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWI	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS					ty of pregnancy termination  MARION			
Dadiana (1) steate		D t f			F.1	4:					
Patient's age** 24	Married Yes	No Date of pregn	nancy termin 05/05/2018		Educa	tion	High Sch	ool Dip	loma or GED		
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Island Number now livi		☐ Black ☐ Other	or African Ar	merican			panic or l	Latino c or Latino Unknown		
Other Termination	Number of spont	aneous terminations				Numb	per of induced tern	ninations	-		
Dates of termination	as (Do not include this to		than six (6),	those most re	cent.)						
1	1	3		4			5	ication(s	o) of Pregnancy Termination		
Fetus delivered alive		of time fetus surviv	ea:				None None	reation(s	Uterine Perforation		
							_		_		
Fetus viable?	,	dical reason for term	nination:				☐ Hemorrha	ge	Cervical Laceration		
☐ Yes ■	No						☐ Infection ☐ Retained Products				
				Other (Sp	ecify)						
Pathological examin performed?	ation If yes, result	S:									
☐ Yes ■	No			Did this termination of pregnancy result in a maternal d							
				☐ Yes ■ No							
			Туре о	of Termination	n Procedu	res					
Procedure that Term	ninated Pregnancy			Ado	ditional Pı	ocedure	e that Terminated	Pregnanc	y		
	urgical) Mifepristone						rgical) Mifepristo				
	argical) Misoprostol argical) Other (Specify)						rgical) Misoprost rgical) Other (Spe				
☐ Medical (Surgio	cal) Suction Curettage			_	Medical	(Surgic	al) Suction Curet	age			
☐ Medical (Surgio	cal) Menstrual Aspirati cal) Other (Specify)	on			Medical	(Surgic	(al) Menstrual Asp (al) Other (Specify	oiration			
iviedicai (Surgio	cai) Oulei (specijy)				Medicai	(Surgic	ai) Omei (specij)	,			
For Medical (Surgic	al) procedures, answer t	he following questio	on.				•		following question.		
Was the fetus viab ☐ Yes [	le or have a post fertiliz  No	ation age at least 20	weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes,	complete the following	ng questions	s. If th	he previou	s guesti	ion was answered	ves, com	plete the following questions.		
1	n the best opportunity to	•	0.1		•	•	n the best opportur				
Yes [		J Sul VIVE.				Yes [		nty to sun	14146.		
	s for determination that								pregnant woman had a condition		
woman?	rocedure to avert death	or serious impairmen	nt to the preg		at require oman?	d the pr	ocedure to avert d	eath or se	erious impairment to the pregnant		
Date last normal me	nses began		Physician	estimate of g	estation (i	n weeks	s) Post	fertilizati	ion age of the fetus (in weeks)		
How were the gestat	03/10/2018 tional age and post fertil	ization aga datamin	red?		8				6		
ULTRASOUND	nonai age and post ferti	nzation age determin	icu :								
Full name of physical DR. SARAH JULIA	ian performing terminat A TURNER	ion									
Address of physician	n performing terminatio		t, city, state,	and zip code	•)						
8590 GEORGETO	WN ROAD, INDIANA	POLIS, IN 46268									
**Dot- D-	to DCC if Day	dan 16 / Juli									
_	to DCS, if Patient un										
DATE RECEIVE	ED BY ISDH (month,	day, year): 05/09/	2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City o	City or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination MONROE		
Patient's age**	Marrie	ed	Date of pregnancy	termination	Educa	tion						
24		Yes No		/2018			Н		ol Diploma o	GED	)	
Race American Indian Native Hawaiian	or Othe			Black or Afr Other	rican American		nknown ber now do	Not H	nic or Latino Iispanic or Lati	no	☐ Unknown	
Live Births:	N	lumber of spontaneou	1 s terminations			Numl	ber of indu	iced termin	0 nations			
Other Termination	15.	ot include this termin	3	r (6) those	most recent )				0			
ı. UNKNOWN		UNKNOWN	3. UNKNOW		4		5		6.			
Fetus delivered alive		If yes, length of tin	ne fetus survived:					Complic	ation(s) of Preg	nancy	Termination	
☐ Yes ■	No						■ N	Vone	□ U	Jterin	e Perforation	
Fetus viable?		If viable medical	reason for terminatio	n·			☐ H	Hemorrhage	e 🗆 (	Cervic	al Laceration	
Yes •	No	ii viabie, inculcar	reason for terminatio	11.			☐ Iı	nfection	□ F	Retain	ed Products	
								Other (Spec	ify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this termination of pregnancy result in a maternal death?					
					☐ Yes No							
	Type of Termination Procedures											
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
Medical (Nonsu								lifepristone				
Medical (Nonsu  Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgio	cal) Suction	on Curettag	ge			
	cal) Me	nstrual Aspiration				(Surgio	cal) Mens	trual Aspir (Specify)				
iviedicai (Surgio	car) Ou	ы (Бресцу)			Wiedican	(Surgic	car) Ouici	(Бресіју)				
					-						_	
		edures, answer the fol							er the following	•		
Was the fetus viab		ve a post fertilization	age at least 20 weeks	3?		us viab Yes [		a post ferti	ilization age at	least 2	20 weeks?	
If the previous quest	ion was	answered yes, compl	ete the following que	estions.	If the previou	ıs quest	ion was a	nswered ye	s, complete the	follo	wing questions.	
Was the fetus give	n the be	st opportunity to surv	ive?		Was the fet	us give	n the best	opportunit	y to survive?			
Yes [		st opportunity to surv				Yes [		оррогия	y to survive.			
		ermination that the pr									an had a condition	
woman?	roceaure	to avert death or seri	ous impairment to tr	ie pregnant	woman?	a tne pi	rocedure to	o avert dea	tn or serious im	ıpaırm	ent to the pregnant	
Date last normal me			Phy	sician estim	ate of gestation (	in week	s)	Post fer	tilization age o		etus (in weeks)	
How were the gestat		05/2018 e and post fertilizatio	n age determined?		8					6		
ULTRASOUND	aonai ag	с ана розг генингайо	n age ucicilillieu!									
<u> </u>												
Full name of physici		orming termination										
DR. CAROL DELL		ning termination (nui	mher and street city	state and	rin code)							
200 S. MERIDIAN				some, unu 2	or cour,							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year)	:					-			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/10/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or t	own, of pregna	•			County of pregnancy termination  MONROE			
Patient's age**	Marri		Date of pregnancy term	ination	Educa	tion						
<b>21</b>		☐ Yes ■ No	05/03/201	18			1 -		elor's Degree			
Race American Indian Native Hawaiian	or Oth		Asian Black White Othe		an American			Not H	nic or Latino ispanic or Latino	Unknown		
Live Births:			0				per of induce		0			
Other Termination		Number of spontaneou	0			Nullic	ber of illuuc	ea termin	0			
Dates of termination	is (Do n		ation. If more than six (6,	_	ost recent.) 4.		5.		6.			
Fetus delivered alive	e?	If yes, length of ti						Complica	ation(s) of Pregnar	ncy Termination		
☐ Yes ■ I	No						■ No	ne	☐ Uter	rine Perforation		
							☐ He	morrhage	☐ Cerv	vical Laceration		
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				☐ Info	ection	□ Reta	nined Products		
	. 10							her ( <i>Speci</i>	_	and House		
Pathological examin	ation	If yes, results:						nei (speci	Jy)			
performed?		ir yes, results.										
☐ Yes ■	No				Did this termination of pregnancy result in a maternal deat  ☐ Yes ■ No							
	_	•										
			Туре	of Termin	nation Procedur	res						
Procedure that Term	inated 1	Pregnancy	e that Termi	that Terminated Pregnancy								
Medical (Nonsu							rgical) Mif		•			
Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) Mis	soprostol				
☐ Medical (Nonsu	irgicai)	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgion Med		ction Curettage enstrual Aspiration					al) Suction al) Menstri					
Medical (Surgio							al) Other (					
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgica	cal) procedures, answer the following question.					
Was the fetus viable Yes [		ve a post fertilization	age at least 20 weeks?			us viabl Yes [		post ferti	lization age at leas	st 20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following questio	ns.	If the previou	s questi	ion was ans	wered yes	s, complete the fol	lowing questions.		
Was the fetus given	n the be	est opportunity to surv	ive?		Was the fet	us giver	n the best or	pportunity	to survive?			
☐ Yes ☐						Yes [						
			regnant woman had a con lous impairment to the pr							oman had a condition rment to the pregnant		
woman?	ocedur	e to avert death or ser	lous impairment to the pr	egnam	woman?	u ille pr	ocedure to a	averi deal	n or serious impai	rment to the pregnant		
Date last normal men			Physicia	n estimate	e of gestation (i	n weeks	s)	Post fer	tilization age of th	· · · · · · · · · · · · · · · · · · ·		
How were the cost-t		/12/2018	n aga datarmina 19		7				5			
ULTRASOUND	ional a	ge and post fertilization	n age uctermined!									
Full name of physici	_	-										
DR. CAROL DELL			mhan and atmost site and	o and -i-	coda)							
200 S. MERIDIAN	_	-	mber and street, city, stat <b>3225</b>	є, ипа <i>z</i> ір	coue)							
**Date Reported	to DC	S, if Patient under 1	6 (month, day, year):									
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/10/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•		County of pregnancy termination MONROE				
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion						
28	Married ☐ Yes ■ No	05/03/201		Educa	tion	Bach	elor's Degree				
	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Other		an American			anic or Latino Hispanic or Latino   Unknown				
Live Births:	Number of apontoness	0 us terminations		Number of induced terminations							
Other Termination	ns:   Trumber of spontaneous   Trumber of spon	0	those mo	ost recent )	1 (4111)		0				
1		3				5	6				
Fetus delivered alive		me fetus survived:				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■	No					None	☐ Uterine Perforation				
						☐ Hemorrhag	e				
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products				
							_				
Pathological examin	nation If yes, results:					Other (Spec	(Jy)				
performed?	in yes, results.										
☐ Yes ■	No			Did this termination of pregnancy result in a maternal of Yes No							
		Туре	of Termin	nation Procedur	res						
Procedure that Term	ninated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy					
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e				
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)				
					· ·	1) 0 1 0					
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration				
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)					
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.				
Was the fetus viab ☐ Yes	ele or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit  No	ry to survive?				
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition				
	rocedure to avert death or ser						th or serious impairment to the pregnant				
woman:				woman!							
Data last as 1	mana haran	ייים	um action (	of ac-t-t' (		ء <u>ما</u>	utilization and of the feture (; )				
Date last normal me	onses began 03/07/2018	Physicia	ııı estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  5				
	tional age and post fertilization	on age determined?				<u> </u>					
ULTRASOUND											
Eull C. 1											
DR. CAROL DELL	ian performing termination INGER										
	n performing termination (nu		e, and zip	code)							
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225									
**Date Reported	to DCS, if Patient under	6 (month. day. vear):									
•	ED BY ISDH (month, day,						-				

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City	y or town, of preg	nancy te		County of pregnancy termination MONROE				
Patient's age**	Marrie		Date of pregnancy	y terminatio	on Educ	cation						
29 Race	[	Yes No	05/0	3/2018				Bach Ethnicity	elor's Degree			
American Indian Native Hawaiian	or Othe		Asian White	Black or A	African American		Jnknown aber now d	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	N	Tumber of spontaneou	1					uced termin	0 nations			
Other Termination	15.	ot include this termin	0	sin (6) 4h as	22 44 22 44 42 24 4	run	noci oi ma	ucca terrim	1			
UNKNOWN	is ( <i>Do no</i>		3		· · · · · · · · · · · · · · · · · · ·		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■	No						1	None	☐ Uter	ine Perforation		
Fetus viable?		If viable medical	reason for terminati	ion:			- D 1	Hemorrhag	e 🗌 Cerv	ical Laceration		
Yes •	No	ii viable, medicar	reason for terminati	ion.			I	nfection	☐ Reta	ined Products		
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did thi	s terminatio	on of pregnancy res	ult in a maternal death?		
						Did this termination of pregnancy result in a maternal dea  ☐ Yes ■ No						
				Type of Te	ermination Proced	ures						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsu ☐ Medical (Nonsu								/lifepriston				
Medical (Nonst						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro								on Curetta				
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)						strual Aspii r (Specify)	ration			
	,	( 1 00)				` 0	,	1 337				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question		— For Medica	1 (Surgi	cal) proced	lurec ancw	er the following qu	estion		
			• •	. 0					• •			
Was the fetus viab		ve a post fertilization	age at least 20 weel	KS?		Yes		a post tert	ilization age at leas	t 20 weeks?		
If the previous quest	tion was	answered yes, comp	lete the following q	uestions.	If the previous	ous ques	stion was a	nswered ye	es, complete the following	lowing questions.		
Was the fetus give	n the be	st opportunity to surv	rive?		Was the f	etus give	en the best	opportunit	y to survive?			
☐ Yes [	☐ No					Yes	☐ No					
		ermination that the pre-								man had a condition rment to the pregnant		
woman?	roccdure	to avert death of ser	ious impuniment to	are pregnan	woman?	ca the p	oroccuure (	o avert dea	an or serious impun	ment to the pregnant		
					1							
Date last normal me	-	gan /01/2018	Ph	ysician esti	imate of gestation	(in wee	ks)	Post fe	rtilization age of the	e fetus (in weeks)		
How were the gestat		e and post fertilization	on age determined?		8				6			
ULTRASOUND												
Full name of physicion DR. CAROL DELL												
		ming termination (nu	mber and street, cit	y, state, and	d zip code)							
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 46	S225									
**D-4- D	to Doo	of Detical 1 1	6 ( 1 1									
_		s, if Patient under 1							_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/10/201	0					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (N	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termir			County of pre		y termination NROE	
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion						
33	•	Yes No	05/03/20	18			Н		ool Diploma o	r GEI	)	
Race American Indian Native Hawaiian	or Other		Asian Blac White Oth		can American	Unkno		■ Not 1	y anic or Latino Hispanic or Lati	no	Unknown	
Live Births:			3					uced termi	0			
Other Terminations	5.	umber of spontaneou	0	C) d		Nullibei	OI IIIu	uced termi	0			
Dates of termination:			ation. If more than six (6				5		6.			
Fetus delivered alive	?	If yes, length of tin					Complication(s) of Pregnancy Termination					
☐ Yes ■ 1	No					■ None ☐ Uterine Perforation						
Fetus viable?		If viable medical	reason for termination:				□ I	Hemorrhag	ge 🔲 (	Cervic	al Laceration	
Yes I	No	ii viable, medicai	reason for termination:				□ I	nfection		Retain	ed Products	
								Other (Spe	cify)			
Pathological examina	ation	If yes, results:										
performed?	No					-	Oid this	terminati	on of pregnancy	, resul	t in a maternal death?	
							Yes			resur	t iii a matemar deatir:	
			Тур	e of Termi	nation Procedur	res						
Procedure that Term	regnancy		Additional Pr	ocedure th	nat Ter	minated P	regnancy					
								lifepriston				
Medical (Nonsu Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgic						(Surgical)						
☐ Medical (Surgic ☐ Medical (Surgic		strual Aspiration er (Specify)				(Surgical) (Surgical)			ration			
	,	1 007						1 327				
For Medical (Surgica	al) proce	duras answer the fol	lowing question		For Medical	Surgical)	proced	lurge ones	ver the followin	g (11)00	tion	
	_						•					
Was the fetus viable  ☐ Yes [		e a post termization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous questi	ion was a	answered yes, compl	ete the following question	ons.	If the previou	s question	was a	nswered y	es, complete the	e follo	wing questions.	
		t opportunity to surv	ive?					opportuni	ty to survive?			
☐ Yes ☐	」No					Yes 🔲 🗆	No					
			egnant woman had a colous impairment to the p								an had a condition nent to the pregnant	
woman?				C	woman?	•				•	1 0	
					· · · · · · · · · · · · · · · · · · ·							
Date last normal mer	_	nn 01/2018	Physici	an estimat	e of gestation (i	n weeks)		Post fe	ertilization age	of the t	fetus (in weeks)	
How were the gestati			n age determined?									
ULTRASOUND												
E II C C C C												
Full name of physicion DR. CAROL DELLI	_	rming termination										
1 ,			nber and street, city, sta	ite, and zip	code)							
200 S. MERIDIAN S	ST, IND	IANAPOLIS, IN 46	5225									
**Date Reported t	to DCS	if Patient under 1	6 (month, day, year): _									
DATE RECEIVE									_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					town, of pregna	•			County of pregna	ncy termination ONROE		
Patient's age**	Marrie		Date of pregnancy term	nination	Educa	tion						
39		Yes No	05/03/20	18					ollege, No Degre	e		
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		can American		ıknown ber now d	■ Not H	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			3					uced termin	0			
Other Termination	ъ.	umber of spontaneou	1	S) .#		Nullic	oei oi iiiu	uced termin	0			
UNKNOWN	is (Do no 2		ation. If more than six (6		ost recent.)  4		5		6			
Fetus delivered alive		If yes, length of ti					Complication(s) of Pregnancy Termination					
☐ Yes ■	No						■ None					
Fetus viable?		If violate modical	rangen for termination:				I	Hemorrhage	e 🔲 Cerv	vical Laceration		
Fetus viable?  Yes No  If viable, medical reason for termination:							□ I	nfection	☐ Reta	ined Products		
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this	s terminatio	on of pregnancy res	ult in a maternal death?		
								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Туре	e of Termi	ination Procedu	res						
Procedure that Term	regnancy			Additional Pr	ocedure	e that Ter	minated Pr	regnancy				
Medical (Nonsu								Mifepristone				
Medical (Nonsu  Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
	cal) Mer	strual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir r (Specify)				
	, ou	or (opecity)				(Surgio	ui, Guie	(Speedy)				
E M-di1 (Ci-	-1)	1 1. 6.				(C:-	-1\					
For Medical (Surgic			• •						er the following qu			
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	is quest	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus give	n the bes	st opportunity to surv	rive?		Was the fet	us givei	n the best	opportunit	y to survive?			
☐ Yes [		11 7				Yes [			•			
			regnant woman had a con lous impairment to the pr							oman had a condition rment to the pregnant		
woman?	occurre	to avert death of ser	rous impairment to the pr	regnant	woman?	a the pr	occurre t	o avert dea	ian or serious impar	inicite to the pregnant		
Date last normal me			Physici	an estimat	te of gestation (	in week:	s)	Post fer	rtilization age of th			
How were the gestat		10/2018 e and post fertilization	on age determined?		11				9			
ULTRASOUND		<u> </u>										
Full name of physici		rming termination										
		ning termination (nu	mber and street, city, sta	te, and zip	code)							
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225									
		105										
_			6 (month, day, year):						_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/10/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					wn, of pregnancy termination  BLOOMINGTON  County of pregnancy termin  MONROE						
Patient's age**	N · 1	Date of pregnancy term	ination	Educa	tion							
25	Married ☐ Yes ■ No	05/03/20 <sup>4</sup>		Educa	tion	Asso	ociate Degree					
Race American Indian Native Hawaiian Live Births:		■ White ☐ Othe		an American		Ethnicity Hispa known Not l per now deceased	anic or Latino Unknown					
Other Termination	Number of spontaneou	us terminations			Numb	per of induced termi	nations 0					
	ns (Do not include this termin	0	), those mo	ost recent.)			0					
	2	•				5	6					
Fetus delivered alive	J, 8.	me fetus survived:				Compli	cation(s) of Pregnancy Termination					
l les E	140					None	☐ Uterine Perforation					
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration					
☐ Yes ■	· · · · · · · · · · · · · · · · · · ·					☐ Infection	☐ Retained Products					
						Other (Spec	cify)					
Pathological examin	nation If yes, results:											
performed?	No					Did this termination	on of pregnancy result in a maternal death?					
						☐ Yes ■ N						
		Туре	of Termin	nation Procedur	res							
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy					
						Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol						
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Misoprosto.	ify)					
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge					
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)						
ivicultur (Burgi	car) Guier (Speegy)			Medicar	(Buigie	ary Outer (speegy)						
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.					
	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	on was answered y	es, complete the following questions.					
Was the fetus give	en the best opportunity to surv	vive?		Was the feti	us giver	n the best opportuni	ty to survive?					
☐ Yes [					Yes [		<b>y</b>					
	s for determination that the p						hat the pregnant woman had a condition ath or serious impairment to the pregnant					
woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	woman?	u ine pr	ocedure to avert dea	an or serious impairment to the pregnant					
Date last normal me		Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)					
How were the costs	03/03/2018 tional age and post fertilization	on age determined?		9			7					
ULTRASOUND	nonai age and post fertilizand	on age determined?										
<u> </u>												
	ian performing termination											
DR. CAROL DELL	INGER  n performing termination (nu	mher and street city stat	e and zin	code)								
	ST, INDIANAPOLIS, IN 4		., ana 41 <i>p</i> (									
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-					
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City of t	BLOO	MINGT			County of pi	-	IROE
Patient's age**	Marrie	ad.	Date of pregna	ancy termi	nation	Educ	ation					
19		Yes No		5/03/201		Edde				ollege, No De	egree	
Race American Indian			Asian	☐ Black	or Africa	an American				nic or Latino		
Native Hawaiiar		er Pacific Islander  Jumber now living	■ White	Other	r			known oer now d		Hispanic or La	tino	Unknown
Live Births:	N	Number of spontaneo	us terminations				Numb	per of ind	uced termin	nations		
Other Termination  Dates of termination	15.	ot include this termin	0	an six (6).	. those mo	ost recent.)				0		
1			3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					Complic	cation(s) of Pro	egnancy	Termination
l les 🕒	NO							1	None		Uterine	Perforation
Fetus viable?		If viable, medical	reason for termi	ination:				I	Hemorrhag	е 🗆	Cervica	l Laceration
☐ Yes ■	No	,						I	nfection		Retaine	d Products
								Other (Spec	rify)			
Pathological examination performed?  If yes, results:												
Yes No											cy result	in a maternal death?
☐ Yes ■ No												
Type of Termination Procedures												
December of the	17	D	of Termin			- 41- 4 T	t 15					
	Procedure that Terminated Pregnancy								minated Pr			
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Aifepriston Aisoprostol			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
Medical (Surgion Medica		ction Curettage nstrual Aspiration							on Curetta			
Medical (Surgio									r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	n.		For Medical	(Surgica	al) proced	lures, answ	er the followi	ng questi	ion.
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, comp	lete the followin	ng question	ns.	If the previo	us quest	ion was a	nswered ye	es, complete th	ne follow	ring questions.
Was the fetus give ☐ Yes [		st opportunity to surv	vive?				tus giver Yes [		opportunit	y to survive?		
What was the basi	s for det	ermination that the p	regnant woman	had a cond	dition	What was	the basis	for deter	mination tl	hat the pregna	nt woma	n had a condition
		e to avert death or ser										ent to the pregnant
Date last normal me	enses beg	gan		Physician	n estimate	e of gestation (	in week.	s)	Post fe	rtilization age	of the fe	etus (in weeks)
	03	/01/2018	on ogo 1-t	.49		8					6	
How were the gestate	uonai ag	ge and post fertilizatio	on age determine	eu ?								
<u> </u>												
Full name of physic DR. CAROL DELL												
	Address of physician performing termination (number and street, city, state, and zip code)											
200 S. MERIDIAN	-	-										
**D D	4- DCC	Cich-A	167	,								
-		s, if Patient under	05404							-		
DATE RECEIVE	ED BY	ISDH (month, day,	vear): 05/10/2	-010								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A CLINIC FOR WOMEN - 360	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						POLIS County of pregnancy termination  MARION					
Patient's age**		1	Date of pregnancy ter	mination	Educa	tion						
36	Marrie	Yes No	05/03/20		Educa	illoll	9th-12	th, No Diploma				
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Bla Ott		an American			y anic or Latino Hispanic or Latino				
Other Termination	ns:	umber of spontaneou	us terminations 0			Numb	er of induced termi	nations 3				
Dates of termination			ation. If more than six (	6), those m	ost recent.)		5	6				
Fetus delivered alive		1	me fetus survived:		4		Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	No						None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for termination:							☐ Hemorrhag	ge Cervical Laceration				
Yes •	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained Products				
							Other (Spec	cify)				
Pathological examin	ation	If yes, results:										
performed?  Yes	No	SAC & CHORIO	NIC VILLI				Did this termination of pregnancy result in a maternal death?					
							☐ Yes ■ N					
					nation Procedu							
Procedure that Term												
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical ☐ Medical	dditional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)						
Medical (Nonst	Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)					
Medical (Surgio		tion Curettage					al) Suction Curetta al) Menstrual Aspi					
Medical (Surgio	cal) Oth	er (Specify)					al) Other (Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab		re a post fertilization	age at least 20 weeks?			Vas the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following quest	ions.	If the previou	ıs questi	ion was answered y	es, complete the following questions.				
Was the fetus give		st opportunity to surv	vive?			us given Yes [	the best opportuni	ty to survive?				
		armination that the n	regnant woman had a co	ndition		_	_	hat the pregnant woman had a condition				
that required the pr			ious impairment to the p		that require			ath or serious impairment to the pregnant				
woman?					woman?							
Date last normal me	nses beg	an	Physic	ian estimate	e of gestation (i	in weeks	s) Post fe	ertilization age of the fetus (in weeks)				
	02/	26/2018			9		,	7				
How were the gestat SONOGRAM	tional ag	e and post fertilization	on age determined?									
Full name of physic	ian no-f-	emina tamination										
KATHLEEN GLO	_	mining termination										
Address of physician 3607 WEST 16TH	•	_	mber and street, city, st	ate, and zip	code)							
		,	,v===									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_				
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/11/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					ancy termination County of pregnancy termination  NAPOLIS MARION					
Patient's age**	34 .	1	Date of pregnanc	v termination	Educa	tion					
39	Marrie	Yes No		03/2018	Lauca	tion	8th Grade or Less				
Race American India Native Hawaiian	n or Othe			Black or Afri Other	ican American		thnicity  Hispanic or Latino  Not Hispanic or Latino  Unknown				
Live Births:	N	umber of spontaneou	3			Number of induced	0				
Other Termination	15.		0	sin (6) those s		Trumber of mudeet	0				
1		ot include this termin	•			5	6				
Fetus delivered aliv	e?	I	me fetus survived:			Complication(s) of Pregnancy Terminat					
☐ Yes ■	No				■ None ☐ Uterine Perforation						
F		TC : 11 1: 1	C	.•			norrhage				
Fetus viable?  Yes	No	If viable, medical	reason for terminat	tion:		☐ Infec	ction Retained Products				
						☐ Othe	er (Specify)				
Pathological examin	nation	If yes, results:					or (specify)				
performed?											
■ Yes	No	SAC & CHORIO	NIC VILLI				rmination of pregnancy result in a maternal death?  No				
				Type of Term	nination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Termin	nated Pregnancy				
☐ Medical (Nons						Procedure that Terminated Pregnancy al (Nonsurgical) Mifepristone					
Medical (Nons						(Nonsurgical) Miso (Nonsurgical) Other					
Medical (Surgi	cal) Suc	tion Curattaga			☐ Medical	(Surgical) Suction (	Curattora				
☐ Medical (Surgi	cal) Mer	strual Aspiration				(Surgical) Menstrua	al Aspiration				
Medical (Surgi	ical) Oth	er (Specify)			☐ Medical	(Surgical) Other (Sp	pecify)				
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) procedure	s, answer the following question.				
Was the fetus viab		e a post fertilization	age at least 20 wee	eks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was	answered yes, comp	lete the following o	questions.	If the previou	s question was answ	vered yes, complete the following questions.				
Was the fetus give ☐ Yes		st opportunity to surv	ive?			us given the best opp	portunity to survive?				
	_	ermination that the pr	ragnant woman had	l a condition		_	nation that the pregnant woman had a condition				
that required the p		to avert death or ser			that require		vert death or serious impairment to the pregnant				
woman?					woman?						
Detail : 1	1		1 50	Landari et	-tf		Dest fortilisation and Col. Co., Co., L.)				
Date last normal me	_	an 13/2018	Pi	nysician estima	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)  6				
	tional ag	e and post fertilization	on age determined?	1							
SONOGRAM											
Full name of 1	ion == C	eming town-in									
	Full name of physician performing termination  KATHLEEN GLOVER										
* *	•	ning termination (nu		ty, state, and zi	ip code)						
3607 WEST 16TH	STREE	I, INDIANAPOLIS	, IN 46222								
**Data Damanta J	to DCs	, if Patient under 1	6 (month do	v.).							
•											
DATE RECEIVI	ED BY	ISDH (month, day,	year):	I O							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 1	16TH STREET SUITE B2, INDI	ANAPOLIS, IN 46222	City or town, of pregna	County of pregnancy termination MAPOLIS MARION						
Patient's age** Marrie	ed D	Pate of pregnancy termina 05/03/2018	ation Educa	tion	9th-12th, N	o Diploma				
Race American Indian or Alas Native Hawaiian or Othe	_	Asian Black o White Other	or African American	Unknown	Ethnicity Hispanic o Not Hispan					
Live Births:	lumber now living	2		Number now d	eceased	0				
Other Terminations: N	Tumber of spontaneous to			Number of indu	uced termination	ns 1				
Dates of terminations ( <i>Do no</i> <b>107/14/2017</b>	ot include this termination	on. If more than six (6), th	hose most recent.)			•				
Fetus delivered alive?	If yes, length of time	fetus survived:	4	5	Complication	(s) of Pregnancy Termination				
Yes No	in yes, rengin or time	Total Sal VIVoa.		■ N	None	☐ Uterine Perforation				
				п	Hemorrhage	☐ Cervical Laceration				
Fetus viable?  ☐ Yes ■ No	If viable, medical rea	son for termination:			nfection	☐ Retained Products				
					Other (Specify)	<b>_</b>				
Pathological examination	If yes, results:		other (specify)							
performed?  • Yes  • No	SAC & CHORIONIC		D:141:							
i les i No						pregnancy result in a maternal dea				
		Type of	Termination Procedu	res						
Procedure that Terminated P	Pregnancy		Additional Pr	rocedure that Ter	minated Pregnar	ncy				
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)				(Nonsurgical) M						
Medical (Nonsurgical)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suc				(Surgical) Sucti						
Medical (Surgical) Mei Medical (Surgical) Oth				(Surgical) Mens (Surgical) Other						
For Medical (Surgical) proce	edures, answer the follow	wing question.	For Medical	(Surgical) proced	ures, answer the	e following question.				
Was the fetus viable or hav ☐ Yes ■ No	ve a post fertilization age	e at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	answered yes, complete	the following questions.	If the previou	is question was a	nswered yes, cor	mplete the following questions.				
Was the fetus given the bes		0 1		us given the best	-					
☐ Yes ☐ No				Yes  No						
What was the basis for dete that required the procedure						e pregnant woman had a condition serious impairment to the pregnan				
woman?	to avert dead of seriou	s impairment to the pregi	woman?	a me procedure t	o avert death of	serious impairment to the pregnan				
Date last normal menses beg  03/	an <b>/19/2018</b>	Physician 6	estimate of gestation (a	in weeks)	Post fertiliza	ation age of the fetus (in weeks)  6				
How were the gestational ag	e and post fertilization a	ge determined?			1					
SONOGRAM										
Full name of physician perfo	orming termination									
KATHLEEN GLOVER	_									
Address of physician perform 3607 WEST 16TH STREE	•	•	and zip code)							
	,	·								
**Date Reported to DCS	, if Patient under 16 (	(month, day, year):								
DATE RECEIVED BY	DATE RECEIVED BY ISDH (month, day, year): 05/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					mination IS	County of pregnancy termination MARION				
Patient's age**	Married	Date of pregnancy term	nination	Educa	tion						
37	Married ☐ Yes ■ No	05/03/20 <sup>-</sup>		Educa	iioii	Asso	ociate Degree				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	White Othe		an American		Ethnicity Hispa known Not 1 per now deceased	anic or Latino Hispanic or Latino   Unknown				
Other Termination	Number of spontaneous	1 us terminations			Numb	er of induced termi	nations 0				
	as (Do not include this termin	0	), those mo	ost recent.)			0				
1		3				5	6				
Fetus delivered alive	J,	me fetus survived:		Complication(s) of Pregnancy Termination							
	110			■ None							
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e				
☐ Yes ■	· · · · · · · · · · · · · · · · · · ·					☐ Infection	☐ Retained Products				
						Other (Spec	cify)				
Pathological examin	nation If yes, results:										
performed?	No			Did this termination of pregnancy result in a maternal death?							
						☐ Yes ■ N					
		Туре	of Termin	nation Procedur							
Procedure that Term	Procedure that Terminated Pregnancy					that Terminated Pr					
	urgical) Mifepristone urgical) Misoprostol			☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e				
	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)							
	cal) Suction Curettage					al) Suction Curetta					
	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.				
	ole or have a post fertilization				_	-	cilization age at least 20 weeks?				
	■ No			Yes No							
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	on was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	the best opportuni	ty to survive?				
	s for determination that the p	reanant woman had a cor	ndition	_	_		hat the pregnant woman had a condition				
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant				
woman?				woman?							
Data last 1	angog hagan	Tot · ·	an ooti t	of cost-ti	1	J D 10	wtilization ago of the fater (in the later)				
Date last normal me	03/17/2018	Physicia	an estimate	of gestation (i	n weeks	Post le	rtilization age of the fetus (in weeks)  4				
_	tional age and post fertilization	on age determined?				,					
SONOGRAM											
Full name of physic	ian performing termination										
KATHLEEN GLO	VER										
	n performing termination (nu STREET, INDIANAPOLIS		te, and zip	code)							
		·									
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-				
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/11/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN	City or t		egnancy termination County of pregnancy termina DIANAPOLIS MARION						
	ancy termination	Educa		High Schoo	ol Diploma or GEI	)			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	Black or Afric	an American	Unknown	Ethnicity  Hispan	nic or Latino ispanic or Latino	☐ Unknown			
Live Births: Number now living 1			Number now	deceased	0				
Other Terminations: Number of spontaneous terminations 1			Number of ir	duced termin	ations 0				
Dates of terminations (Do not include this termination. If more the L. UNKNOWN 2. 3.	han six (6), those me	ost recent.)	5		6				
Fetus delivered alive? If yes, length of time fetus survivo	ed:			Complica	ntion(s) of Pregnancy	/ Termination			
☐ Yes ■ No			•	None	☐ Uterin	e Perforation			
Fetus viable? If viable, medical reason for term	·			Hemorrhage	☐ Cervic	al Laceration			
Fetus viable? If viable, medical reason for term  Yes No	ination:			Infection	☐ Retain	ed Products			
		Other (Speci	(fy)						
Pathological examination If yes, results:									
performed? ☐ Yes ■ No	Did ti			t in a maternal death?					
	Type of Termin	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that T	erminated Pre	egnancy				
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) (Nonsurgical)						
Medical (Nonsurgical) Other (Specify)			(Nonsurgical)		fy)				
Medical (Surgical) Suction Curettage			(Surgical) Suc						
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Me (Surgical) Oth		ation				
For Medical (Surgical) procedures, answer the following questio	n.	For Medical (	Surgical) proc	edures, answe	er the following ques	 tion.			
Was the fetus viable or have a post fertilization age at least 20 □ Yes □ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes	s, complete the follo	wing questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	st opportunity	to survive?				
What was the basis for determination that the pregnant woman	had a condition	_	_	ermination th	at the pregnant wom	an had a condition			
that required the procedure to avert death or serious impairmen woman?					h or serious impairm				
woman:		woman:							
Date last normal menses began	Physician estimate	-	n weeks)	Post fer	tilization age of the	fetus (in weeks)			
03/16/2018  How were the gestational age and post fertilization age determin-	ed?	7			5				
SONOGRAM									
Full name of physician performing termination  KATHLEEN GLOVER									
Address of physician performing termination (number and street 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	t, city, state, and zip	code)							
3007 WEST TOTA STREET, INDIANAFOLIS, IN 40222									
**Date Reported to DCS, if Patient under 16 (month, day,									
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		16TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222 City (	or town, of pregi	of pregnancy termination  MARION					
					IIIDIA	7210					
Patient's age** 32	Marr	ed  Yes No		ancy termination 05/03/2018	Educ	eation	Associate De	gree			
Race American Indian Native Hawaiian			Asian White	■ Black or Af	rican American	Unknown	Ethnicity Hispanic or Lat Not Hispanic o				
Live Births:	]	Number now living	3			Number now o	leceased 0				
Other Terminations	s: ]	Number of spontaneou	s terminations			Number of ind	uced terminations				
Dates of terminations		oot include this termino 2. <b>UNKNOWN</b>		han six (6), those		5		6			
Fetus delivered alive		If yes, length of tir	ne fetus surviv	red:			Complication(s) o	f Pregnancy Termination			
☐ Yes ■ N	No				■ None						
Establish of the state of the s						☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable? If viable, medical reason for termination:							Infection	☐ Retained Products			
							☐ Other (Specify)				
Pathological examina	ation	If yes, results:					Stilet (Specify)				
performed?		ir yes, results.									
Yes No Did this termination of pregnancy result in a matern Yes No								nancy result in a maternal death?			
							<u> </u>				
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu	rgical)	Mifepristone			☐ Medica	al (Nonsurgical) N	//////////////////////////////////////				
Medical (Nonsu	rgical)	Misoprostol									
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
Medical (Surgic		ction Curettage enstrual Aspiration				al (Surgical) Suct al (Surgical) Men					
Medical (Surgic						al (Surgical) Othe					
For Medical (Surgica	al) prod	cedures, answer the fol	lowing questic	on.	For Medica	l (Surgical) procee	lures, answer the foll	owing question.			
Was the fetus viabl ☐ Yes ☐		ve a post fertilization	age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous questi	ion wa	s answered yes, compl	ete the followi	ng questions.	If the previo	ous question was a	inswered yes, comple	ete the following questions.			
Was the fetus given Yes		est opportunity to surv	ive?			etus given the best Yes No	opportunity to survi	ve?			
What was the basis	for de	termination that the pr	egnant woman	had a condition	What was	the basis for dete	rmination that the pre	gnant woman had a condition			
that required the pr woman?	ocedur	e to avert death or seri	ous impairmer	nt to the pregnant	that requires woman?	red the procedure	to avert death or serio	ous impairment to the pregnant			
woman.					woman.						
Data last was 1	ana - 1	200		Dlave	note of'	(in an art-1)	Dogt fautit	and of the fature (in the Late			
Date last normal mer		gan 8/11/2018		rnysician estin	nate of gestation <b>7</b>	(in weeks)	POST IERUIIZATION	age of the fetus (in weeks)  5			
	ional a	ge and post fertilizatio	n age determin	ed?							
SONOGRAM											
Full name of physicis	an perf	forming termination									
KATHLEEN GLOV	VER	ming termination (nur	nhan and	t situ state 1	zin aada)						
	-	ET, INDIANAPOLIS,		i, city, state, and i	zip coae)						
**Date Reported t	to DC	S, if Patient under 1	6 (month, day,	year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy terminati					
Patient's age**	Marrie	d	Date of pregnancy terr	mination	Educa	tion					
28		Yes No	05/03/20					Unknown			
Race American Indian Native Hawaiian	or Othe		Asian Bla White Oth		an American	Unknow	n Not	y vanic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	umber of spontaneou	3			Number of i		0 inations			
Other Termination	15.		ation. If more than six (	6) 41,000	204 422244 )	runiber of i	nddccd term	0			
1. UNKNOWN	IS ( <i>Do no</i>		ation. If more than six (0			5	i	6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnand	cy Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforation						
Estra adalah		TC:-1.14:1	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	ii viable, medical	reason for termination:				Infection	☐ Retai	ned Products		
							Other (Spe	cify)			
Pathological examination							. 1				
performed?	No					D:4	41-1-414	· C	14 :		
les	NO								Ilt in a maternal death?		
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that	Геrminated Р	regnancy			
Medical (Nonst						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu						(Nonsurgical)					
Medical (Surgio	cal) Suct	tion Curettage			☐ Medical	(Surgical) Su	ection Curette	age			
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) M	enstrual Asp	iration			
☐ Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) Or	her ( <i>Specify)</i>				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) pro	cedures, ansv	wer the following que	estion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	lete the following questi	ons.	If the previou	s question wa	s answered y	ves, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	rive?			us given the b Yes	est opportuni	ity to survive?			
					_	_					
			regnant woman had a co ious impairment to the p					that the pregnant wor ath or serious impair			
woman?					woman?						
					1						
Date last normal me	_	an <b>01/2018</b>	Physic	ian estimat	e of gestation (i	in weeks)	Post f	ertilization age of the	fetus (in weeks)		
How were the gestat			on age determined?		<del>-</del>			<u> </u>			
SONOGRAM											
PH 0.1											
Full name of physics  KATHLEEN GLO	_	rming termination									
	-	_	mber and street, city, sto	ate, and zip	code)						
3607 WEST 16TH	STREE	I, INDIANAPOLIS	, IN 46222								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):										
-	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF II INDIANAPOLIS, IN, 46219	NDIANAPOLIS - 1201 N AR	RLINGTON AVE,	City or to	town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
				·						
Patient's age**  12  Race	ed □ Yes ■ No	Date of pregnancy term 05/11/20		Educat	tion	8th G	Grade or Less			
American Indian or Ala Native Hawaiian or Oth	er Pacific Islander	Asian Bla White Oth	ick or Africa ner	n American	Unknown	Hispa  Not H	anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	0			Number now d	eceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 0			
Dates of terminations (Do n	ot include this termin	ation. If more than six (	6), those mo	st recent.)	5.		6.			
Fetus delivered alive?	If yes, length of ti					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ No					1	None	☐ Uteri	ne Perforation		
7					D F	Hemorrhag	e 🔲 Cervi	ical Laceration		
Fetus viable?  Yes No	If viable, medical	reason for termination:			n 1	nfection	☐ Retai	ned Products		
						Other (Spec	_			
Dothological avamination			Julei (Spec	uy)						
Pathological examination performed?	If yes, results:									
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		Тур	e of Termin	ation Procedur	res					
Procedure that Terminated I	Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical)					(Nonsurgical) N					
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)					(Nonsurgical) N (Nonsurgical) C					
Medical (Surgical) Succession	ction Curettage			Medical	(Surgical) Sucti	on Curetta	ge			
☐ Medical (Surgical) Me	enstrual Aspiration			Medical	(Surgical) Mens	strual Aspir	ration			
Medical (Surgical) Otl	her (Specify)			☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) proced	lures, answ	er the following que	estion.		
Was the fetus viable or ha ☐ Yes ■ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	s answered yes, compl	lete the following questi	ions.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the be ☐ Yes ☐ No	est opportunity to surv	rive?			us given the best	opportunit	ty to survive?			
	termination that the n	ragnant waman had a ga	ndition	_	_	mination tl	hat the pregnant was	nan had a condition		
What was the basis for det that required the procedure				that required				ment to the pregnant		
woman?				woman?						
Date last normal menses be	gan 5/01/2018	Physic	ian estimate	of gestation (i.	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the gestational ag		on age determined?					<u> </u>			
ULTRASOUND EXAMINA	ATION, PELVIC EX	AMINATION								
	Full name of physician performing termination  DR. JEFFREY D. GLAZER									
Address of physician perfor 1201 N ARLINGTON AVE			ate, and zip o	code)						
		-								
**Date Reported to DCS	S, if Patient under 1	6 (month, day, year):	5/11/2018				_			
DATE RECEIVED BY	DATE RECEIVED BY ISDH (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or to		ncy termination		County of pregnance	y termination RION		
Patient's age**	Marrie	ed I	Date of pregnancy term	nination	Educat	tion					
16 D	_	Yes No	05/11/20	18				th, No Diploma			
Race American Indian Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now d	Not 1	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0			Number of ind		nations			
Other Termination	15.		ation. If more than six (6	() those me	ost magnet )	rumber of ma	deed terrin	0			
1	2		3			5		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnancy	Termination		
☐ Yes ■	No						■ None ☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termination:			I	☐ Hemorrhage ☐ Cervical Laceration				
Yes •	No	n viaole, medicar	reason for termination.				☐ Infection ☐ Retained Products				
							Other (Specify)				
	ological examination If yes, results:										
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did thi ☐ Ye			t in a maternal death?		
		•				•					
			Турс	e of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Proce							minated P	regnancy			
Medical (Nonsu						(Nonsurgical) N					
						Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro						(Surgical) Sucti					
Medical (Surgio		nstrual Aspiration er (Specify)				(Surgical) Men (Surgical) Othe					
For Medical (Surgic	al) proce	aduras, answar tha fol	lowing question		For Medical (	(Surgical) proces	Surgical) procedures, answer the following question.				
, ,	le or hav		age at least 20 weeks?		Was the fetu	s viable or have a post fertilization age at least 20 weeks?					
	_	answered ves compl	ete the following question	ons	_	_	nswered v	es, complete the follo	wing questions		
	n the bes	st opportunity to surv	0 1		Was the fetu	us given the best	•		8 1		
		remination that the ne	egnant woman had a cor	ndition	_	☐ Yes ☐ No  was the basis for determination that the pregnant woman had a condition					
			ous impairment to the p					ath or serious impairn			
Data last na	nege 1	an	Di' '	an active	of gostati (	in maaka)	Do-t C	ortilization and -f-4	Sotus (in		
Date last normal me	_	an KNOWN	Pnysici	an esumate	e of gestation (i	n weeks)	POSt IC	ertilization age of the t	icius (in weeks)		
How were the gestat ULTRASOUND EX	·	•	C								
Full name of physici											
			nber and street, city, sta	te, and zip	code)						
1201 N ARLINGTO	N AVE	, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/11/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, o				own, of pregna	•		County of pregnancy termination MONROE	
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion			
26	Married ☐ Yes ■ No	05/03/201		Eddea	tion	Asso	ociate Degree	
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Other		n American			anic or Latino Hispanic or Latino   Unknown	
	Number of spontaneo	1 us terminations			Numb	per of induced termi	0 nations	
Other Termination	ns (Do not include this termin	0	) those mo	st recent.)			0	
1		3				5	6	
Fetus delivered alive	, ,	me fetus survived:				Complic	cation(s) of Pregnancy Termination	
☐ Yes ■	NO					None	☐ Uterine Perforation	
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration	
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products	
						☐ Other (Spec	cify)	
Pathological examin	nation If yes, results:							
performed?	No					Did this termination	on of pregnancy result in a maternal death?	
						Yes N		
							1	
		Туре	of Termin	ation Procedu	res			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e	
	urgical) Misoprostol urgical) Other (Specify)					rgical) Other (Spec		
Medical (Surgional Control Contro	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge	
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi	ration	
	, , , , ,			_	` ` ` `	, (1 33)		
For Medical (Surgic	eal) procedures, answer the fo	llowing question		For Medical	Surgica	al) procedures ansu	er the following question.	
	_				_	_		
was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?			us viabi Yes [		ilization age at least 20 weeks?	
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.	
Was the fetus give	en the best opportunity to surv	vive?		Was the fet	us giver	the best opportunit	y to survive?	
☐ Yes [	□ No				Yes	No		
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	roccdure to avert death of ser	ious impuniment to the pr	egnant	woman?	a the pr	occurre to avert det	an or serious impairment to the pregnant	
Date last normal me	-	Physicia	n estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)	
How were the gestar	03/06/2018 tional age and post fertilization	on age determined?		11			9	
ULTRASOUND	<u> </u>	- 						
					_			
Full name of physic	ian performing termination		· <del></del>					
	n performing termination (nu	mber and street, city, stat	e, and zip	code)				
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225						
	20012							
-	*Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):05/12/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, LOOMINGTON, IN, 47403  City or town, of pregnancy termination BLOOMINGTON  County of pregnancy termination MONROE										
Γ <del></del>	1		T = -								
Patient's age** 27	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/03/20		Educa	tion		Δεεο	ciate Degree		
Race		_ res _ No	05/03/20	10				Ethnicity			
☐ American Indian ☐ Native Hawaiian			= =		an American	□ <b>1</b> 1	1	☐ Hispa	nic or Latino	□ II	
Live Births:		umber now living		er			known er now o	leceased	lispanic or Latino	Unknown	
	N	umber of spontaneo	0 us terminations			Numh	er of inc	luced termin	0 nations		
Other Termination	15.	•	0			Tvuille	or or me	iacea terrini	0		
Dates of termination	ns (Do no		nation. If more than six (6		ost recent.)						
Fetus delivered alive		T	me fetus survived:		Complication(s) of Pregnancy Ter					y Termination	
Yes •		ir yes, length of th	me retus survived.			■ None ☐ Uterine Perforation					
									_		
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	e 📙 Cervi	cal Laceration	
☐ Yes ■	No							Infection	Retain	ned Products	
								Other (Spec	ify)		
Pathological examin	nation	If yes, results:									
performed?  ☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?				
	110						☐ Ye		1 0 1	it iii a maternai deatii :	
			Туре	of Termin	nation Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure	e that Te	rminated Pro	egnancy		
Medical (Nonsi					☐ Medical	(Nonsu	rgical) I	Mifepristone	e		
Medical (Nonsi								Misoprostol Other (Speci			
	,	(-1.50)					8 /	(-7	,,,		
Medical (Surgion Medica		tion Curettage nstrual Aspiration			Medical Medical	(Surgic	al) Suct	ion Curettag strual Aspir	ge ration		
Medical (Surgion	cal) Oth	er (Specify)						er (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgica	al) proce	dures, answ	er the following que	stion.	
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					20 weeks?	
If the previous quest	tion was	answered yes, comp	elete the following question	ons.	If the previou	ıs questi	ion was a	answered ye	s, complete the follo	owing questions.	
		st opportunity to surv	vive?					t opportunit	y to survive?		
☐ Yes [						Yes [	_				
			regnant woman had a con rious impairment to the pr						nat the pregnant won th or serious impairs	nan had a condition ment to the pregnant	
woman?			1	Ü	woman?	1			1	1 0	
Date last normal me	_		Physicia	an estimate	e of gestation (	in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)	
However d		07/2018	on ago determ ' 10		8				6		
How were the gestar ULTRASOUND	uonai ag	e and post tertinzatio	on age determined?								
Full name of physic	_	orming termination									
DR. CAROL DELL		ning termination (nu	mber and street, city, stat	te and zin	code)						
200 S. MERIDIAN	-	-		, ana Lip							
**Date Reported	to DCS	, if Patient under	16 (month, day, year):						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/12/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, of problem of the proble				own, of pregna	•		County of pregnancy termination  MONROE			
Patient's age**	N · ·	Date of pregnancy term	ination	Educa	tion					
21	Married ☐ Yes ■ No	05/03/201		Educa	uon	Some Co	ollege, No Degree			
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ☐ Othe		an American			y anic or Latino Hispanic or Latino			
Live Births:		1								
Other Termination		0			Number of induced terminations 2					
Dates of termination 08/30/2012	ns (Do not include this termin	ation. If more than six (6)	), those mo	ost recent.)		5	6			
Fetus delivered alive		me fetus survived:		4		Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	, ,					■ None	Uterine Perforation			
						☐ Hemorrhan	e Cervical Laceration			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	☐ Yes ■ No						☐ Infection ☐ Retained Products			
						Other (Specify)				
Pathological examin performed?	nation If yes, results:									
l	<u> </u>						on of pregnancy result in a maternal death?			
						☐ Yes ■ N	0			
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l vify)			
,										
	1) G .: . G .:				/G :	1) C 2 C 2				
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic (Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration			
☐ Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s question was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?				n the best opportuni	ty to survive?			
	_	mannent ryaman had a aan	dition	☐ Yes ☐ No  What was the basis for determination that the pregnant woman had a condition						
that required the pr	s for determination that the p rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
<u> </u>				<u> </u>						
Date last normal me	-	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	01/18/2018 tional age and post fertilization	on age determined?		13			11			
ULTRASOUND	<u> </u>	<u> </u>								
	ian performing termination									
DR. CAROL DELL	<b>INGER</b> n performing termination (number)	mhar and atmost size -	a an 1 -:-	code)						
	ST, INDIANAPOLIS, IN 4		e, ana zip	coue)						
	·									
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
_	DATE RECEIVED BY ISDH (month, day, year): 05/12/2018									

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403			City or to	own, of pregna	•		County of pregnancy termination  MONROE		
<u> </u>									
Patient's age**	Married	Date of pregnancy term		Educa	tion	_			
34	☐ Yes ■ No	05/03/20	18				elor's Degree		
Race American Indian			k or Africa	n American			nic or Latino		
	n or Other Pacific Islander Number now living	■ White □ Othe	er			known Not I	Hispanic or Latino Unknown		
Live Births:		0					0		
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6		ost recent.)		5.	6		
Fetus delivered alive		ime fetus survived:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■	, ,					■ None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■	No			☐ Infection ☐ Retained Products					
						☐ Other (Spec	rify)		
Pathological examin	nation If yes, results:								
performed?						D.141.	6 11 12		
☐ Yes ■ No						Yes No	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedu	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	egnancy		
	• •								
Medical (Nonst	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol			
Medical (Nonsu	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)					
Medical (Surgio	cal) Suction Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge		
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	cal) Menstrual Aspir cal) Other (Specify)	ation		
i Medicai (Surgio	car) Other (specify)			☐ Medicai	(Surgic	ai) Other ( <i>specify</i> )			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes [	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	plete the following question	ons.	If the previou	s quest	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opportunit	y to survive?		
	_		. 1141	_	_	_			
	s for determination that the procedure to avert death or ser						nat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n week	s) Post fe	rtilization age of the fetus (in weeks)		
	03/12/2018			5			3		
_	tional age and post fertilization	on age determined?							
ULTRASOUND									
Full name of physic	Full name of physician performing termination								
	n performing termination (nu	umber and street city sta	to and zin	code)					
	ST, INDIANAPOLIS, IN 4	•	.c, ana 21p	coucy					
-	200 125								
_	Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVE	ED RV ISDH (month day	vear). 05/12/2018							

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE BLOOMINGTON, IN, 47403		ncy termination	County of pregnancy MON					
Patient's age** Married Date of pregnance	cy termination	Educat	tion					
19 ☐ Yes ■ No 05/0	03/2018		н		ol Diploma or GED			
Native Hawaiian or Other Pacific Islander White	Black or Afric	an American	Unknown Number now d	Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:			Number of indu		O sations			
Other Terminations: Number of spontaneous terminations 0	. (6)		Number of mat	iced termin	0			
Dates of terminations (Do not include this termination. If more than 1 2 3 3			5.		6.			
Fetus delivered alive? If yes, length of time fetus survived:			Complication(s) of Pregnancy Termination					
☐ Yes ■ No			■ N	None	☐ Uterine	Perforation		
			п	Hemorrhage	e	l Laceration		
Fetus viable? If viable, medical reason for termina	tion:			☐ Infection ☐ Retained Products				
Pathological examination If yes, results:	ological examination If yes, results:							
performed?								
☐ Yes ■ No	i res ■ No							
			<b>,</b>					
	Type of Termi	nation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pro	egnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) M	lifepristone				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M	Iisoprostol				
Wedical (Notisurgical) Other (Specify)		Wiedicar	Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) proced	ures, answe	er the following questi	on.		
Was the fetus viable or have a post fertilization age at least 20 wee  ☐ Yes ☐ No	eks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following of	questions.	If the previou	s question was a	nswered ye	s, complete the follow	ing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunit	y to survive?			
What was the basis for determination that the pregnant woman had	d a condition	What was th	e basis for deter	mination th	nat the pregnant woman	n had a condition		
that required the procedure to avert death or serious impairment to		that required			th or serious impairme			
woman?		woman?						
Data lost normal warran harra	davoisies	o of		D. + C	#ilianti Cd C	tuo (in		
Date last normal menses began P 03/20/2018	hysician estimat	e of gestation (ii	n weeks)	Post fer	tilization age of the fe	ius ( <i>in weeks)</i>		
How were the gestational age and post fertilization age determined?	?			II.				
ULTRASOUND								
Full name of physician performing termination								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street, ci	ity, state, and zip	code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to DCS, if Patient under 16 (month, day, yea	ar):							
ATE RECEIVED BY ISDH (month, day, year): 05/12/2018								

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403			City or tov	vn, of pregna	•		County of pregnancy termination  MONROE		
			1						
Patient's age**	Married	Date of pregnancy term		Educa	tion				
28	☐ Yes ■ No	05/03/20	18				College, No Degree		
Race American Indiar			k or African	American			spanic or Latino		
	n or Other Pacific Islander	☐ White ☐ Othe					t Hispanic or Latino Unknown		
Live Births:	Number now living	2					0		
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced terr	ninations 1		
Dates of termination 1. <b>07/06/2017</b>	ns (Do not include this termin	nation. If more than six (6	), those most	t recent.)		5	6		
Fetus delivered alive	e? If yes, length of t	ime fetus survived:				Comp	lication(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:			Hemorrhage Cervical Laceration				
☐ Yes ■	No					☐ Infection	Retained Products		
						Other (Specify)			
Pathological examin	nation If yes, results:								
performed?						Did this townin	ation of pregnancy result in a maternal death?		
	110					Yes •	1 0 1		
		Туре	of Termina	tion Procedu	res				
Procedure that Term	ninated Pregnancy			Additional P	rocedure	e that Terminated	Pregnancy		
☐ Medical (Nonst	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mifeprist rgical) Misopros	tol		
Medical (Nonsi	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro	cal) Suction Curettage		<sub>Ī</sub>	☐ Medical	(Surgic	eal) Suction Cure	tage		
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	cal) Menstrual As	piration		
i Medicai (Surgio	car) Onier (specify)			Wiedicai	(Surgic	ai) Other (specij	y)		
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	I	For Medical	(Surgica	al) procedures, an	swer the following question.		
Was the fetus viab ☐ Yes [	ele or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	is quest	ion was answered	yes, complete the following questions.		
Was the fetus give	en the best opportunity to sur  No	vive?			us givei Yes [	n the best opportu  No	nity to survive?		
What was the basis	s for determination that the p	reonant woman had a con	ndition	What was t	he hasis	for determination	n that the pregnant woman had a condition		
that required the p	rocedure to avert death or se			that require			leath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began	Physicia	an estimate o	of gestation (	in week:	s) Post	fertilization age of the fetus (in weeks)		
	03/16/2018			7			5		
_	tional age and post fertilizati	on age determined?							
ULTRASOUND									
Full name of physics	ian performing termination								
	n performing termination (nu	umber and street. city. star	te, and zin co	ode)					
	ST, INDIANAPOLIS, IN 4	•	, ,	- /					
	200 125								
_	to DCS, if Patient under								
DATE RECEIVE	ED RV ISDH (month day	vaar). 05/23/2018							

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, of p					ncy termination		County of pregnancy termination MONROE			
	T			1						
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term 05/03/20		Educati		ligh Scho	ool Diploma or GED			
Race American Indian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe	k or African An		☐ Unknown	Ethnicity Hisp	y anic or Latino Hispanic or Latino Unknown			
Live Births:	Number now living	1 write Othe	<u> </u>		Number now d		O Unknown			
Other Termination	Number of spontaneous:				Number of ind	uced termi				
	ns (Do not include this termin			cent.)						
Fetus delivered alive	e? If yes, length of ti	me fetus survived:	4		5	Compli	cation(s) of Pregnancy Termination			
Yes •		10100				None	Uterine Perforation			
T						Hemorrhag	e Cervical Laceration			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Infection	☐ Retained Products			
						☐ Other (Specify)				
Pathological examin	nation If yes, results:									
l *	erformed?  Yes No						on of pregnancy result in a maternal death?			
						s 🔳 N	0			
		Туре	of Termination	Procedure	es					
Procedure that Term	ninated Pregnancy		Add	litional Pro	ocedure that Ter	minated P	regnancy			
Medical (Nonsu	urgical) Mifepristone				Nonsurgical) N					
Medical (Nonsu	urgical) Misoprostol urgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	cal) Suction Curettage		—   <u>-</u>		Surgical) Sucti					
Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical (	Surgical) Men Surgical) Othe	strual Aspi r ( <i>Specify</i> )	ration			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.	For	Medical (S	Surgical) proced	dures, answ	ver the following question.			
Was the fetus viab	ele or have a post fertilization  No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons. If th	ne previous	question was a	inswered y	es, complete the following questions.			
	en the best opportunity to surv	vive?	w		s given the best	opportuni	ty to survive?			
☐ Yes [				_	es No					
that required the pr	s for determination that the p rocedure to avert death or ser		regnant th	at required			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			We	oman?						
Date last normal me	enses began	Physicia	an estimate of go	estation (in	ı weeks)	Post fe	ertilization age of the fetus (in weeks)			
	UNKNOWN		_	13	· · · · · · · · · · · · · · · · · · ·	2 350 10	11			
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?								
	ian performing termination									
DR. CAROL DELL Address of physician	INGER  n performing termination (nu	mber and street, city, stat	te, and zip code,	)						
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225								
**Date Reported	to DCS, if Patient under	16 (month, day, year):								
•	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year): 05/12/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City o		ancy termination MINGTON			County of pregnancy termination MONROE		
Patient's age**	Marrie		Date of pregnancy te	rmination	Educa	ition					
Race		Yes No	05/03/2	2018				Some Co Ethnicity	ollege, No Degre	ee	
American Indian Native Hawaiian	or Othe			lack or Afr	ican American		iknown oer now d	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown	
Live Births:			0				0 Number of induced terminations				
Other Termination	15.	umber of spontaneou	0			Numi	Number of induced terminations 0				
Dates of termination	is (Do no		ation. If more than six				5		6		
Fetus delivered alive		If yes, length of ti			4		Complication(s) of Pregnancy Termination				
☐ Yes ■	No						1	None	☐ Ute	rine Perforation	
								Hemorrhage	е П Сег	vical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination	:				nfection	<u> </u>	ained Products	
	110								_	amed Froducts	
Pathological examin	ation	If yes, results:					(	Other (Spec	ujy)		
performed?		ii yes, iesuits.									
☐ Yes ■	No						Did thi			sult in a maternal death?	
			Ty	pe of Tern	nination Procedu	res					
Procedure that Term	inated P	regnancy			Additional P		e that Ter	minated Pr	egnancy		
☐ Medical (Nonsu								//////////////////////////////////////			
☐ Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) N	/lisoprostol			
Medical (Nonsu	irgicai)	Other ( <i>specify</i> )				(INOIISU	irgicai) (	Other (Speci	ijy)		
Medical (Surgion Medica		tion Curettage strual Aspiration						on Curettag strual Aspir			
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgio	al) Othe	r (Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) proced	lures, answ	er the following q	uestion.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, compl	lete the following ques	tions.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	llowing questions.	
		t opportunity to surv	rive?					opportunit	y to survive?		
Yes [	_ No					Yes [	_ No				
			regnant woman had a c ious impairment to the							oman had a condition irment to the pregnant	
woman?				1 0	woman?	•			1	1 0	
					1						
Date last normal me			Physi	cian estima	ate of gestation (	in week	s)	Post fe	_	he fetus (in weeks)	
How were the gestat		22/2018 e and post fertilization	on age determined?		9				-	<i>'</i>	
ULTRASOUND		<u> </u>	<del>-</del>								
Full name of physici		rming termination									
		ning termination (num	mber and street, city, s	tate, and z	ip code)						
200 S. MERIDIAN					•						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/12/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or town, of pregnancy  BLOOMING					County of pregnancy termination  MONROE		
Patient's age**	Marrie	ed	Date of pregnancy to	ermination	Educa	ition					
31 Page		Yes No	05/03/	2018					elor's Degree		
Race American Indiar Native Hawaiiar	or Oth			lack or Afr ther	rican American		iknown oer now d	Not H	nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:			2						0		
Other Termination	15.	Tumber of spontaneou	0			Numt	oer of indi	uced termir	nations 1		
Dates of termination  1. UNKNOWN	is (Do n		ation. If more than six		· · · · · · · · · · · · · · · · · · ·		5.		6.		
Fetus delivered alive	e?	If yes, length of ti					Complication(s) of Pregnancy Termination				
☐ Yes ■	No						■ N	None	☐ Uter	ine Perforation	
F		70 : 11 1: 1					☐ F	Hemorrhage	e 🔲 Cerv	rical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination	:				nfection	☐ Reta	ined Products	
								Other (Spec	ify)		
Pathological examin	ation	If yes, results:						suiei (spee	957		
performed?							D:1.1:			1.1.10	
☐ Yes ■	110						Did this			ult in a maternal death?	
			T	ype of Terr	mination Procedu	res					
Procedure that Term	inated F	Pregnancy			Additional P	rocedur	e that Ter	minated Pro	egnancy		
Medical (Nonst								lifepristone			
Medical (Nonsu								Iisoprostol Other ( <i>Speci</i>			
Medical (Surgional Control Contro	cal) Suc	tion Curettage			-	(Surgic	cal) Sucti	on Curettag	ge		
	cal) Me	nstrual Aspiration				(Surgic	al) Mens	strual Aspir r (Specify)			
iviedicai (Surgio	cai) Ou	ici (specify)			Medical	(Surgic	ai) Oulei	і (зресіју)			
					-						
		edures, answer the fo	• •			dical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?	•			viable or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous quest	tion was	answered yes, compl	ete the following ques	stions.	If the previou	ıs quest	ion was a	nswered ye	s, complete the fol	lowing questions.	
Was the fetus give	n the be	st opportunity to surv	ive?		Was the fet	us givei	n the best	opportunit	y to survive?		
☐ Yes [						Yes [			,		
			regnant woman had a dious impairment to the							man had a condition rment to the pregnant	
woman?	rocedure	to avert death of ser	tous impairment to the	pregnant	woman?	u me pi	ocedure t	o avert dea	iii or serious iiipar	inient to the pregnant	
Date last normal me		gan /25/2018	Phys	ician estim	ate of gestation (	in week.	s)	Post fer	rtilization age of th		
How were the gestat		e and post fertilization	n age determined?		9				7		
ULTRASOUND											
Full name of physics DR. CAROL DELL											
			mber and street, city,	state, and z	ip code)						
200 S. MERIDIAN	ST, IND	DIANAPOLIS, IN 46	3225								
**Dot- D-	to DOS	if Dotit 1 1	6 (								
_			6 (month, day, year):						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/12/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, of pregna BLOOM				•		County of pregnancy termination MONROE		
Patient's age**	N	Date of pregnancy term	ination	Educa	tion				
22	Married ☐ Yes ■ No	05/03/20		Educa	uon	Some Co	ollege, No Degree		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Other		an American		Ethnicity  Hisp			
Live Births:	, and the same of	0					0		
Other Termination		0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6)				5	4		
Fetus delivered alive		me fetus survived:		4		5Compli	cation(s) of Pregnancy Termination		
Yes	, ,	The recus survived.				■ None	☐ Uterine Perforation		
							_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Hemorrhag  Infection	_		
☐ Yes ■	☐ Yes ■ No						☐ Retained Products		
						Other (Spec	cify)		
Pathological examination performed?	nation If yes, results:								
Yes •	No						on of pregnancy result in a maternal death?		
						Yes N	0		
			. –						
		Туре	of Termin	nation Procedur					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge ge		
☐ Medical (Surgion	cal) Menstrual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgion	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [	le or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni  No	ty to survive?		
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
		[				1 -			
Date last normal me	nses began 03/16/2018	Physicia	nn estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  4		
	tional age and post fertilization	on age determined?				<u> </u>			
ULTRASOUND									
Full name of physic DR. CAROL DELL	ian performing termination INGER								
	n performing termination (nu	mber and street, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVE	ED BY ISDH (month, day,	year):05/12/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403			City or to	wn, of pregna	•		County of pregnancy termination  MONROE		
			<u> </u>						
Patient's age**	Married	Date of pregnancy term		Educa	tion		at Birdama - CED		
Race	☐ Yes ■ No	05/03/20	18			High Scho	ol Diploma or GED		
American Indian			k or Africar	n American		☐ Hisp	anic or Latino		
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not loer now deceased	Hispanic or Latino  Unknown		
Live Births:	Number of spontaneo	2			Numh	per of induced termi	0 nations		
Other Termination	15.	1	\ .#		Tvuille	or or madeca term	0		
UNKNOWN	ns (Do not include this termin	nation. If more than six (6	), those mos 4.	t recent.)		5.	6.		
Fetus delivered alive	e? If yes, length of t	ime fetus survived:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	Uterine Perforation		
				□ Hemorrhage □ Cervical Laceration					
Fetus viable?	· ·	reason for termination:							
☐ Yes ■	No					☐ Infection	Retained Products		
						Other (Spec	eify)		
Pathological examin performed?	nation If yes, results:								
Yes No						l — —	on of pregnancy result in a maternal death?		
						Yes N	0		
		Туре	of Termina	ntion Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonst	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
ivicultar (1 vonst	argical) Other (speegy)			Wiedicai	(1101134	ingical) Other (Spec	937		
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical	(Surgic	eal) Suction Curetta eal) Menstrual Aspi	ge ration		
	cal) Other (Specify)			Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
	le or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes [		age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give	en the best opportunity to sur	vive?		Was the fet	us giver	n the best opportuni	ty to survive?		
☐ Yes [					Yes [		<b>,</b>		
	s for determination that the p						hat the pregnant woman had a condition		
woman?	rocedure to avert death or se	rious impairment to the pi	regnant	woman?	d the pr	ocedure to avert dea	nth or serious impairment to the pregnant		
Date last normal me	enses hegan	Dhysici	an estimata	of gestation (i	n wool-	g) Dogt fo	rtilization age of the fetus (in weeks)		
Date last normal me	03/12/2018	Physicia	an countale	or gestation ( <i>i</i>	п wеек!	rost le	5		
How were the gestat	tional age and post fertilization	on age determined?							
ULTRASOUND									
Full name of physics	ian performing termination								
	n performing termination (nu	umber and street, city, stat	te, and zip c	ode)					
	ST, INDIANAPOLIS, IN 4	•							
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month day year). 05/12/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					or town, of pregna			County of pregnancy termination  MONROE			
Patient's age**	Marri		Date of pregnancy to	ermination	Educa	ition					
Race		Yes No	05/03/	2018				Some Co Ethnicity	llege, No Degre	ee	
American Indian Native Hawaiian	or Oth			lack or Afr	rican American		nknown ber now d	Hispa  Not H	nic or Latino lispanic or Latino	☐ Unknown	
Live Births:			0					uced termir	0		
Other Termination	15.	Number of spontaneou	1	(6)		Nulli	ber of ind	uced termin	2		
Dates of termination  1. UNKNOWN		ot include this termin 2. <b>2006</b>	ation. If more than six		most recent.)  4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	ation(s) of Pregna	ncy Termination	
☐ Yes ■ 1	No						■ N	None	☐ Ute	rine Perforation	
Fetus viable?		If viable medical	reason for termination				☐ F	Hemorrhage	e 🔲 Cer	vical Laceration	
Yes Yes	No	ii viable, medicai	reason for termination	l.			□ I	nfection	☐ Ret	ained Products	
							Other (Specify)				
Pathological examination											
performed?	No						Did this	s terminatio	on of pregnancy re	sult in a maternal death?	
							☐ Yes				
			T	ype of Terr	mination Procedu	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
Medical (Nonsu Medical (Nonsu								Aifepristone Aisoprostol	•		
Medical (Nonsu								ther (Speci	fy)		
Medical (Surgio								on Curettag			
Medical (Surgion Medica		enstrual Aspiration ner (Specify)						strual Aspir r (Specify)	ation		
		. 1						. 1			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question		For Medical	(Surgic	al) proced	lures answ	er the following q	uestion	
			age at least 20 weeks	)					lization age at lea		
Yes [		ve a post fertifization	age at least 20 weeks			Yes [		a post tern	iiizatioii age at iea	st 20 weeks:	
If the previous quest	ion was	answered yes, compl	ete the following que	stions.	If the previou	ıs quest	ion was a	nswered ye	s, complete the fo	llowing questions.	
		st opportunity to surv	ive?					opportunit	y to survive?		
☐ Yes [	No					Yes [	No				
			regnant woman had a clous impairment to the							oman had a condition irment to the pregnant	
woman?			-		woman?						
Date last normal me		gan /15/2018	Phys	ician estim	ate of gestation (	in week	s)	Post fer	tilization age of th	ne fetus (in weeks)	
_		ge and post fertilization	n age determined?		<u>-</u>			1			
ULTRASOUND											
E-11 6 1 1 1	^										
Full name of physici DR. CAROL DELL											
1 *		,	mber and street, city,	state, and z	ip code)						
200 S. MERIDIAN	ST, INI	DIANAPOLIS, IN 46	5225								
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):								
_		ISDH (month, day,									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination  BLOOMINGTON				County of pregnancy termination MONROE		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
26		Yes No	05/03/20	18			Hi		ol Diploma o	r GED	)
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		can American		nknown ber now de	Not H	nic or Latino ispanic or Lati	no	Unknown
Live Births:	N	umber of spontaneou	0					iced termin	0		
Other Termination	3.		0	C)		INUIII	bei of illuu	icea termin	0		
Dates of termination	s ( <i>Do no</i>		ation. If more than six (6				5		6.		
Fetus delivered alive	??	If yes, length of ti						Complica	ation(s) of Preg	gnancy	Termination
☐ Yes ■ 1	No						■ N	lone	□ 1	Uterine	e Perforation
5		70					□ н	Iemorrhage	. 🗆 (	Cervic	al Laceration
Fetus viable?  If viable, medical reason for termination:  Yes No							☐ In	nfection		Retain	ed Products
							—   □ 0	Other (Spec	ify)		
Pathological examination If yes, results:								dier (Spee)	037		
performed?							=				
☐ Yes ■	No						Did this Yes			result	t in a maternal death?
			Тур	e of Termi	nation Procedu	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedur	e that Tern	ninated Pro	egnancy		
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsu	ırgical) M	lifepristone	;		
Medical (Nonsu Medical (Nonsu								lisoprostol ther ( <i>Speci</i>	fv)		
(rvensa	irgieur)	outer (speegy)				(1 (0115)	ingioun, o	uner (speet	137		
	1) 0	· · · · · · · · · · · · · · · · · · ·				<u>(C : </u>	1) 0 .:	- C "			
	cal) Mer	strual Aspiration			☐ Medical	(Surgio	cal) Menst	on Curettag trual Aspir			
Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgio	cal) Other	(Specify)			
											_
For Medical (Surgical	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) procedu	ures, answe	er the following	g ques	tion.
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viab Yes [		a post ferti	lization age at	least 2	20 weeks?
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	ıs quest	ion was an	nswered ye	s, complete the	follov	wing questions.
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?			us give Yes [		opportunity	y to survive?		
What was the basis	for dete	ermination that the pr	regnant woman had a co	ndition	What was t	he basis	s for deterr	mination th	at the pregnan	t wom:	an had a condition
that required the pr			ious impairment to the p		that require						ent to the pregnant
woman?					woman?						
Data last no1	ngog 1	on	DL * *	on coti	to of goatstier /	in	·a)	Dogt f	tilization	£ +15 = 1	Catua (in progles)
Date last normal men		an <b>09/2018</b>	Physici	an esumat	te of gestation (a	п wеек	s <i>)</i>	rost ter	unzauon age 0	5 the 1	etus (in weeks)
How were the gestat	ional ag	e and post fertilization	n age determined?								
ULTRASOUND											
Full name of physici	an perfo	rming termination									
DR. CAROL DELLI		ming termination									
1 7		,	mber and street, city, sta	te, and zip	code)						
200 S. MERIDIAN S	31, IND	MANAPULIS, IN 46	0440								
**Date Reported t	to DCS	, if Patient under 1	6 (month, day, year): _								
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION		
						INUIAI	VAPUL	.13		<u> </u>	WAK	ION
25	Marr	ed □ Yes ■ No	Date of pregn	nancy term 05/03/201		Educa	ntion			ollege, No Deç	gree	
Race American Indian o Native Hawaiian o			Asian White	☐ Blac		an American	Un	ıknown		y anic or Latino Hispanic or Lati	no	☐ Unknown
Live Births:	]	Number now living	0				Numl	per now d		0		
Other Terminations:	: 1	Number of spontaneou	s terminations				Numl	per of ind	uced termi	nations 1		
Dates of terminations  1. UNKNOWN						ost recent.)		5		6.		
Fetus delivered alive?		If yes, length of tin	me fetus surviv	ved:					Compli	cation(s) of Preg	gnancy '	Termination
Yes No	О							<b>•</b> 1	None	t	Jterine	Perforation
Fetus viable?		If viable, medical	maasan fan tamm	inations				I	Hemorrhag	ge 🔲 (	Cervica	Laceration
Yes No	o	ii viable, illedicar	reason for term	шаноп:					nfection	□ F	Retaine	d Products
							Other (Specify)					
Pathological examination												
performed?	[o							Did this	torminati	on of prognance	r rocult	in a maternal death?
103						Did this termination of pregnancy result in a maternal de Yes No						in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Termin	nated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy		
Medical (Nonsurgical) Mifepristone						☐ Medical	(Nonsu	ırgical) N	/lifepriston	e		
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									Misoprosto Other (Spec			
Medical (Nonsaiglear) Galet (Specify)												
Medical (Surgical	1) Su	ction Curettage				☐ Medical	(Surgic	eal) Sucti	on Curetta	ge		
	l) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspi r ( <i>Specify</i> )			
Medicai (Surgica	ii) Oi	ner (specify)				Wiedicai	(Surgic	ai) Ouie	і (зресіју)			
For Medical (Surgical	_					For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable ☐ Yes ☐		ve a post fertilization	age at least 20	weeks?			us viabl Yes [		a post fer	tilization age at	least 20	weeks?
If the previous question	on wa	s answered yes, compl	ete the following	ng questio	ns.	If the previou	ıs quest	ion was a	nswered y	es, complete the	follow	ing questions.
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?				us givei Yes [		opportuni	ty to survive?		
What was the basis f	for de	termination that the pr	egnant woman	had a con	dition	What was t	he basis	s for deter	mination t	hat the pregnant	t woma	n had a condition
		e to avert death or seri										nt to the pregnant
woman:						woman:						
Date last normal mens	ses he	gan		Physicia	ın estimat	e of gestation (	in week	s)	Post fe	ertilization age o	of the fe	tus (in weeks)
	03	/13/2018				7		,	2 250 10		5	()
How were the gestation	onal a	ge and post fertilizatio	n age determin	ed?								
32												
Full name of physician	n perf	orming termination										
DR. CAROL DELLIN			mhor and street	t city stat	e and si-	code)						
Address of physician p	_	-		ı, cuy, stat	e, ana zip	coue)						
**Date Reported to	DC	S, if Patient under 1	6 (month, day,	, year):						_		
DATE RECEIVE	D BY	ISDH (month, day,	year):05/23/	/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination <b>BLOOMINGTON</b>				County of pregnancy termination  MONROE		
Patient's age**	Marrie		Date of pregnancy t	ermination	Educa	ition					
Race		☐ Yes ■ No	05/03/	/2018				Some Co Ethnicity	ollege, No Degre	e	
American Indian Native Hawaiian	or Othe			Black or Afr Other	rican American		iknown oer now d	Hispa  Not H	anic or Latino Hispanic or Latino	Unknown	
Live Births:			1					uced termin	0		
Other Termination	15.	lumber of spontaneou	0			Nullit	ber of fild	ucea termin	0		
Dates of termination	is ( <i>Do ne</i>		ation. If more than si	' ''	*		5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complic	eation(s) of Pregnar	ncy Termination	
☐ Yes ■	No						1	None	☐ Uter	rine Perforation	
Fetus viable? If viable, medical reason for termination:							 	Hemorrhage	e 🗌 Cer	vical Laceration	
Fetus viable? If viable, medical reason for termination:							 	nfection	☐ Reta	ined Products	
								Other (Spec	eify)		
Pathological examin	ation	If yes, results:						(~ <i>I</i>	327		
performed?							D:1.1:			11.10	
☐ Yes ■ No							Did this			ult in a maternal death?	
			Т	ype of Terr	nination Procedu	res					
Procedure that Term	inated F	Pregnancy			Additional P	rocedur	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu								/lifepristone			
Medical (Nonsu  Medical (Nonsu								Misoprostol Other (Speci			
Medical (Surgional Control Contro	cal) Suc	tion Curettage				(Suroic	eal) Sucti	on Curettag	oe		
	cal) Me	nstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir r (Specify)			
	cai) Oui	ter (specify)			Medical	(Surgic	ai) One	г (зресцу)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.	
Was the fetus viab		ve a post fertilization	age at least 20 weeks	?		us viabl Yes [		a post fert	ilization age at leas	et 20 weeks?	
If the previous quest	tion was	answered yes, compl	ete the following que	estions.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fol	lowing questions.	
Was the fetus give	n the be	st opportunity to surv	ive?		Was the fet	us givei	n the best	opportunit	y to survive?		
Yes [		or opportunity to sur-				Yes [		оррогия	y to sarvive.		
			regnant woman had a lous impairment to th							oman had a condition	
woman?	rocedure	to avert death of ser	lous impairment to th	e pregnam	woman?	d the pr	ocedure t	o aven dea	un or serious impai	rment to the pregnant	
Date last normal me			Phys	sician estim	ate of gestation (	in week.	s)	Post fe	rtilization age of th		
How were the gestat		/07/2018 e and post fertilization	n age determined?		12				10	)	
ULTRASOUND	ar ug	, post rerumzutio									
Full name of physici											
DR. CAROL DELL Address of physician			mber and street, city,	state, and 7	gip code)						
200 S. MERIDIAN				3	- ′						
_			6 (month, day, year)	:					-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/12/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or town, of pregnancy termination  BLOOMINGTON				County of pregnancy termination  MONROE					
			1							
Patient's age**	Married	Date of pregnancy term		Educa	tion	-	sista Bassa			
Race	☐ Yes ■ No	05/03/20	18			Asso Ethnicity	ociate Degree			
American Indian			k or Africa	n American		☐ Hispa	anic or Latino			
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not I ber now deceased	Hispanic or Latino Unknown			
Live Births:	Number of spontaneo	4 us terminations				per of induced termi	0 nations			
Other Termination	ns:   Trumber of spontaneous (Do not include this termin	1	1		1 (01110	or or madeca terms	0			
UNKNOWN	1S (Do not include this termin	nation. If more than six (0	), those mos 4.	st recent.)		5.	6.			
Fetus delivered alive	e? If yes, length of t	ime fetus survived:				Complie	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	Uterine Perforation			
						☐ Hemorrhag	e			
Fetus viable?		reason for termination:		☐ Infection ☐ Retained Products						
☐ Yes ■										
				Other (Specify)						
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death						
				☐ Yes ■ N	0					
		Туре	of Termina	ation Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec				
	argreat) state (speegy)				(1 (011))	ingreur) Siner (spec	937			
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	eal) Suction Curetta eal) Menstrual Aspi	ge ration			
	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.			
	le or have a post fertilization					•	ilization age at least 20 weeks?			
Yes [		age at least 20 weeks.			Yes [		inization age at least 20 weeks.			
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	s quest	ion was answered y	es, complete the following questions.			
Was the fetus give	en the best opportunity to sur	vive?		Was the fet	us givei	n the best opportuni	ty to survive?			
☐ Yes [					Yes [					
	s for determination that the p						hat the pregnant woman had a condition			
woman?	rocedure to avert death or se	rious impairment to the pi	regnant	that require woman?	d the pr	ocedure to avert dea	nth or serious impairment to the pregnant			
Date last normal me	enses hegan	Dhysicia	an estimate	of gestation (i	in wool-	g) Post fo	rtilization age of the fetus (in weeks)			
Date last normal file	02/20/2018	Filysicia	an Commidte	11	n week.	rost le	9			
_	tional age and post fertilization	on age determined?				l				
ULTRASOUND										
	Full name of physician performing termination									
	n performing termination (ni	umber and street, city, stat	te, and zip c	ode)						
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
_	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222				City or to	own, of pregna	-		County of pregnancy termination MARION			
Dationt's **	T _		Data of	oimati		tion					
Patient's age** 38	Marrie	d ■ Yes □ No	Date of pregnancy term <b>05/10/20</b>		Educa	tion	Bach	elor's Degree			
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ Asian ☐ Blac ☐ White ■ Other		n American			anic or Latino Hispanic or Latino Unknown  0			
Other Termination	ns: N	umber of spontaneou	is terminations			Numb	er of induced termi	nations 0			
Dates of termination	is (Do no		ation. If more than six (6								
Fetus delivered alive		If yes, length of ti	me fetus survived:	4	l		_	cation(s) of Pregnancy Termination			
							■ None	☐ Uterine Perforation			
Fetus viable?	tus viable? If viable, medical reason for termination:						☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■	No						☐ Infection	☐ Retained Products			
							Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:									
■ Yes □ No SAC & CHORIONIC VILLI						Did this termination  Yes N	on of pregnancy result in a maternal death?				
Procedure that Term	inated P	regnancy			Additional Pr	rocedure	e that Terminated Pr	regnancy			
☐ Medical (Nonsurgical) Misoprostol ☐ M					<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
Medical (Surgion     Medical (Surgion     Medical (Surgion	cal) Mei	strual Aspiration									
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	ıs questi	on was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us giver Yes [	the best opportuni	ty to survive?			
			regnant woman had a cortious impairment to the pr					hat the pregnant woman had a condition atth or serious impairment to the pregnant			
Date last normal me		an <b>20/2018</b>	Physici	an estimate	of gestation (i	in weeks	Post fe	rtilization age of the fetus (in weeks)  5			
How were the gestate SONOGRAM			on age determined?		•						
Full name of physics  KATHLEEN GLO	_	rming termination									
Address of physician 3607 WEST 16TH	•		mber and street, city, sta , IN 46222	te, and zip	code)						
•			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/14/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						ncy terminatio	County of pregnancy termination MARION				
Detient? state			Detect		E1	4:					
Patient's age** 35	Married	Yes • No	Date of pregnancy term 05/10/20		Educa	tion	Back	nelor's Degree			
Race American Indian Native Hawaiian	n or Other P		Asian Blac White Other	k or African Ar er	nerican	Unknown	■ Not	y anic or Latino Hispanic or Latino			
Live Births:	Num	iber of spontaneou	3 us terminations			Number of in		0 inations			
Other Termination	is:	•	ation. If more than six (6	) those most re	cent )	Trumber of h		4			
1. 09/21/2017		0/07/2016	3. <u>03/25/2016</u>		IKNOWN	<u> </u>		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
163	110						None	☐ Uterine Perforation			
Fetus viable?	1	If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration			
☐ Yes ■ No							☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examin performed?	nation I	If yes, results:									
■ Yes □ No SAC & CHORIONIC VILLI						Did this termination of pregnancy result in a maternal death?  Yes No					
Type of Termination Procedures											
Procedure that Term	ninated Pres	nancy	1 γρο			ocedure that T	erminated P	regnancy			
Medical (Nonsi		•				(Nonsurgical)					
Medical (Nonsi	urgical) Mi	soprostol			Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	1			
Medical (Nonsi	urgicai) Ou	ier (specify)			Medicai	(Nonsurgical)	Other (Spec	<i>2</i> ( <i>y</i> )			
	1) 0 .:			_	36 11 1	(G : 1) G					
Medical (Surgion Medica	cal) Menstr	ual Aspiration			Medical	(Surgical) Surgical) Me	enstrual Asp	iration			
Medical (Surgion	cal) Other (	(Specify)			Medical	(Surgical) Oth	ner ( <i>Specify</i> )				
For Medical (Surgic	, 1		0 1		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes ☐		post fertilization	age at least 20 weeks?	W		us viable or ha Yes 🔲 No	ve a post fer	tilization age at least 20 weeks?			
If the previous quest	tion was ans	swered yes, comp	ete the following question	ons. If the	ne previou	s question was	answered y	es, complete the following questions.			
Was the fetus give		pportunity to surv	ive?	W		us given the be	est opportuni	ty to survive?			
☐ Yes [					_	Yes No					
			regnant woman had a con lous impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				w	oman?						
Date last normal me	meac hager		Dhyginia	an estimate of g	ectation /	n waaks)	Doct f	ertilization age of the fetus (in weeks)			
	03/22			commate of g	<b>6</b>	n weeks)	FOSt I	4			
How were the gestar	tional age an	nd post fertilization	n age determined?								
CONCORAIN											
Full name of physic	ian perform	ing termination									
KATHLEEN GLO	VER		unh an and -turned	to and -:- 1	Δ.						
3607 WEST 16TH	_	-	mber and street, city, stat , IN 46222	e, ana zip code	)						
-	*Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	ED BY ISI	DH (month, day,	vear): 05/14/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add CLINIC FOR WOMEN - 3607	dress WEST 16TH STREET SUITE B	City or town,		ncy termination	County of pregnancy termination  MARION					
Patient's age**	Married	Date of pregnancy term	nination	Educat	tion					
21	Yes No	05/10/20					elor's Degree			
	or Alaska Native or Other Pacific Islander Number now living	Asian Blace Other	ek or African Ar er	merican	Unknown Number now d	■ Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number of spontage	0			Number of ind		0 nations			
Other Terminations:	_	ination. If more than six (6	1 those west no	2004	runner or ma	ucca termi	0			
1		mation. If more than six (0		cent.)	5		6			
Fetus delivered alive?	If yes, length of	time fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No	0				1	None	☐ Uterii	ne Perforation		
Fetus viable?	If viable madia	al reason for termination:			I	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes No	,	ar reason for termination:				☐ Infection ☐ Retained Products				
				☐ Other (Specify)						
Pathological examinat	ion If yes, results:									
performed?  • Yes • No	SAC & CHOR	ONIC VILLI			D:14:			14 : 1 4 - 9		
	0   0				☐ Yes			It in a maternal death?		
		Туре	e of Termination	n Procedur	res					
Procedure that Termin	nated Pregnancy		Ado	ditional Pr	ocedure that Ter	minated Pr	regnancy			
	gical) Mifepristone				(Nonsurgical) N					
	gical) Misoprostol gical) Other (Specify)				(Nonsurgical) N (Nonsurgical) C					
	9 · · · / · · · · · · · · · · · · · · ·				( 8 , -	· · ( <b>T</b> · ·	3.7			
Modical (Surgical	1) Suation Curattage		_	Madical	(Surgical) Sucti	on Curatta	go.			
☐ Medical (Surgical	Suction Curettage     Menstrual Aspiration			Medical	(Surgical) Mens	strual Aspi				
Medical (Surgical	l) Other (Specify)			Medical	(Surgical) Other	r (Specify)				
								_		
For Medical (Surgical)	) procedures, answer the	following question.	For	Medical (	Surgical) proced	lures, answ	er the following que	stion.		
Was the fetus viable ☐ Yes ■	or have a post fertilization	on age at least 20 weeks?	W		ıs viable or have Yes □ No	a post fer	tilization age at least	20 weeks?		
If the previous questio	on was answered yes, con	nplete the following question	ons. If th	ne previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus given to	the best opportunity to su No	nrvive?	W		us given the best	opportuni	ty to survive?			
What was the basis f	for determination that the	pregnant woman had a cor	ndition W	hat was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition		
		erious impairment to the pr	regnant th				ath or serious impair			
woman:			l w	oman:						
Date last normal mens	ses hegan	Dhysici	an estimate of g	estation (i	n weeks)	Poet fo	ertilization age of the	fetus (in weeks)		
	03/17/2018		commate or g	<b>7</b>	n weeks)	1 OSt 16	5	icus (iii weeks)		
	onal age and post fertiliza	tion age determined?								
SONOGRAM										
Full name of physician	Full name of physician performing termination									
KATHLEEN GLOVI	ER									
	performing termination (in TREET, INDIANAPOL	number and street, city, sta IS IN 46222	te, and zip code	)						
5007 WEST 101H S	LLI, INDIANAFUL									
**Date Reported to	DCS, if Patient under	16 (month, day, year):								
_	D BY ISDH (month, da									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 4622	City or to		ncy termination		County of pregnancy termination  MARION				
Patient's age** Married Date of pregnance	cy termination	Educat	ion						
	10/2018				ol Diploma or GED				
Native Hawaiian or Other Pacific Islander White	Black or Africated Other	n American	Unknown Number now do	Not H	nic or Latino	Unknown			
Number of grontaneous terminations			Number of indu	iced termin	0 actions				
Other Terminations: Number of spontaneous terminations 1  Dates of terminations (Do not include this termination. If more than	- aiu (6) 4h aga ma	at #200# )	- Trumber of mac		1				
Dates of terminations ( <i>Do not include his termination</i> . If more than 1. 01/2017 2. 01/2014 3			5		6				
Fetus delivered alive? If yes, length of time fetus survived:				Complic	ation(s) of Pregnancy Termi	nation			
☐ Yes ■ No			■ N	lone	Uterine Perfor	ration			
			— п	☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable? If viable, medical reason for termina	ition:			☐ Infection ☐ Retained Products					
		Other (Spec	_						
Pathological examination If yes, results:		ouiei (spec	gy)						
performed?									
■ Yes No SAC, CHORIONIC VILLI, & FETA	AL PARTS	Did this termination of pregnancy result in a maternal death?  Yes No							
1									
	Type of Termina	ation Procedur	res						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgical) Mifepristone		☐ Medical (	(Nonsurgical) M	Iifepristone	<b>,</b>				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
			( ,	(-1	,,,,				
			(G : 1) G ::						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		☐ Medical (	(Surgical) Suction (Surgical) Mens	trual Aspir					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) procedures, answer the following question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20 wee ☐ Yes ■ No	eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following of	questions.	If the previous	s question was a	nswered ye	s, complete the following qu	iestions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			is given the best	opportunit	y to survive?				
What was the basis for determination that the pregnant woman had	d a condition	What was th	ne basis for deter	mination th	at the pregnant woman had	a condition			
that required the procedure to avert death or serious impairment to woman?					th or serious impairment to t				
wonder.		woman:							
Data last normal mansas basen	hygician active	of gostetic- (	n waaka)	Dogt f.	tilization ago of the f-t (	n waaks)			
Date last normal menses began P 03/07/2018	hysician estimate	of gestation (ii	n weeks)	Post fer	tilization age of the fetus (in <b>7</b>	ı weeks)			
How were the gestational age and post fertilization age determined?	?								
SONOGRAM									
Full name of physician performing termination  KATHLEEN GLOVER									
Address of physician performing termination (number and street, ci	ity, state, and zip c	code)							
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222									
**Date Reported to DCS, if Patient under 16 (month, day, yea	ar):								
DATE RECEIVED BY ISDH (month, day, year): 05/14/201									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					ncy termination		County of pregnancy termination  MARION					
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion							
35		Yes No	05/10/20					ollege, No Degree					
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		an American	Unknown Number now d	Not 1	y anic or Latino Hispanic or Latino	Unknown				
Live Births:	N	umber of spontaneou	1 us terminations			Number of ind	uced termi	nations					
Other Termination  Dates of termination	15.	•	ation. If more than six (6	6), those m	ost recent.)			1					
112/15/2015	2		3			5		6					
Fetus delivered alive		If yes, length of ti	me fetus survived:				•	cation(s) of Pregnanc	y Termination				
						1	None	☐ Uterir	ne Perforation				
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge 🗌 Cervi	cal Laceration				
Yes •	No						☐ Infection ☐ Retained Products						
				Other (Spec	cify)								
Pathological examin performed?	ation	If yes, results:											
■ Yes No SAC & CHORIONIC VILLI						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No							
<b>D</b> –			Тур	e of Termi	nation Procedur								
Procedure that Term						ocedure that Ter							
	ırgical)	Misoprostol				(Nonsurgical) N (Nonsurgical) N	/lisoprosto	1					
Medical (Nonsu							☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica		tion Curettage astrual Aspiration				(Surgical) Sucti (Surgical) Mens							
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)						
									_				
For Medical (Surgic	_				For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes   No	a post fer	tilization age at least	20 weeks?				
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.				
Was the fetus give		t opportunity to surv	rive?			us given the best Yes	opportuni	ty to survive?					
	_	umaination that the ma	was an ant vyaman had a ac	ndition	_	_	unination t	hat the mucament won	aan had a aandition				
that required the pr			regnant woman had a contious impairment to the p		that require			hat the pregnant won ath or serious impairs					
woman?					woman?								
Date last normal me	nses beg	an	Physici	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)				
How years at		15/2018			8			6					
How were the gestat	лопат ад	e and post tertilizatio	ni age determined?										
	Full name of physician performing termination  KATHLEEN GLOVER												
		ning termination (num	mber and street, city, sta	te, and zip	code)								
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222										
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_					
_	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/14/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess		City or t	own, of pregna	ncy termination		County of pregnancy termination			
CLINIC FÓR WOMEN - 3607 WE	ST 16TH STREET SUITE B2, IN	NDIANAPOLIS, IN 46222			NAPOLIS		MARION			
Patient's age** Ma	urried No	Date of pregnancy term 05/10/20		Educa			ool Diploma or GED			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Blac White Other		an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino			
Live Births:	Number now living	2			Number now d		0			
Other Terminations:	Number of spontaneous	s terminations 0			Number of ind	uced termi	nations 0			
Dates of terminations (Do		*			_					
Fetus delivered alive?	If yes, length of tin			4	5		cation(s) of Pregnancy Termination			
☐ Yes ■ No						None	☐ Uterine Perforation			
						Hemorrhag	te Cervical Laceration			
Fetus viable?  Yes No	If viable, medical r	eason for termination:				nfection	Retained Products			
				Other (Spec	_					
Pathological examination If yes, results:										
performed?	SAC & CHORION	IIC VII I I			<del></del>		6 11 10			
■ Yes □ No	OAG & GHORION	IIO VILLI		Did this termination of pregnancy result in a materna  Yes No						
<u> </u>										
		Туре	of Termin	nation Procedur	res					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical			(Nonsurgical) N							
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nonsurgical Nonsurgical Nonsurgical Medical Nonsurgical Nons		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Sucti	on Curetta	ge			
	Menstrual Aspiration			☐ Medical ☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspi r <i>(Specif</i> y)	ration			
	1 00/			_		(1 35)				
For Medical (Surgical) pr	rocedures answer the foll	lowing question		For Medical (	(Surgical) proced	lures answ	ver the following question			
	have a post fertilization a	• •		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes Yes		ige at least 20 weeks:			Yes No	a post teri	mization age at least 20 weeks?			
If the previous question v	vas answered yes, comple	ete the following question	ons.	If the previou	is question was a	nswered y	es, complete the following questions.			
	best opportunity to survi	ve?			us given the best	opportuni	ty to survive?			
☐ Yes ☐ N				_	Yes No					
	determination that the pro- lure to avert death or serion						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
		Ι - ·				1-				
Date last normal menses	began <b>03/22/2018</b>	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestational	age and post fertilization	n age determined?				ı				
SONOGRAM										
Full name of physician po	erforming termination									
KATHLEEN GLOVER										
Address of physician per 3607 WEST 16TH STR	-		te, and zip	code)						
130. 11201 10111 01K										
**Date Reported to D	CS, if Patient under 16	6 (month, day, year):					_			
DATE RECEIVED E	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222				City or t	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Dationt's **			Data of	imati		tion					
Patient's age** 27	Marrie [	ed ☐ Yes ■ No	Date of pregnancy term <b>05/10/20</b>		Educa	tion	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	or Othe		Asian Blace Other		an American			/ anic or Latino Hispanic or Latino ☐ Unknown			
Other Termination	s: N	umber of spontaneou	us terminations 0			Numb	per of induced termi	nations 3			
Dates of termination		ot include this termin	ation. If more than six (6		ost recent.)		5	4			
Fetus delivered alive		1	me fetus survived:		4.		Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No						■ None	☐ Uterine Perforation			
							☐ Hemorrhag	e			
	etus viable? If viable, medical reason for termination:						☐ Infection	☐ Retained Products			
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?  Yes No SAC & CHORIONIC VILLI							Did this termination of pregnancy result in a maternal death?				
Yes No SAC & CHORIONIC VILLI						Yes N					
Type of Termination Procedures											
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nonst					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio							eal) Suction Curetta				
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)					cal) Menstrual Aspi cal) Other (Specify)	ration			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab	le or hav	e a post fertilization	age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [	■ No					Yes [	No				
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	is questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us giver Yes [	n the best opportuni  No	ty to survive?			
What was the basis	– s for dete	ermination that the p	regnant woman had a cor	ndition	What was t	he basis	for determination t	hat the pregnant woman had a condition			
			ious impairment to the pr					ath or serious impairment to the pregnant			
woman.					woman.						
Date last normal me	nses beg	an	Physici	an estimate	e of gestation (i	in weeks	s) Post fe	rtilization age of the fetus (in weeks)			
	03/	17/2018			7			5			
How were the gestate SONOGRAM	nonal ag	e and post fertilization	on age determined?								
Full name of physics	_	rming termination									
		ning termination (nu	mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222								
**Data Damanta 1	to DCc	if Dationt and a 1	6 (month days								
•			6 (month, day, year):					-			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/14/2018		<del> </del>			_			

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Facility Name and Acclinic FOR WOMEN - 360	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					nancy termination County of pregna NAPOLIS N					y termination RION	
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion						
32		Yes No	05/10/20 <sup>-</sup>		Zaueu			Some Co	llege, No De	gree		
Race American Indian Native Hawaiian	or Othe		☐ Asian ■ Blac ☐ White ☐ Othe		an American		known er now d	Not H	nic or Latino lispanic or Lati	no	Unknown	
Live Births:			2					uced termin	0			
Other Terminations	••	umber of spontaneou	0			Nume	ber of ind	uced termir	1			
Dates of terminations <b>01/11/2018</b>	s (Do no 2		ation. If more than six (6		ost recent.)		5.		6.			
Fetus delivered alive	?	If yes, length of ti					Complication(s) of Pregnancy Termination					
☐ Yes ■ N	No						■ None ☐ Uterine Perforation					
				☐ F	Hemorrhage	· 🗆 (	Cervic	al Laceration				
Fetus viable?  Yes N				☐ Infection ☐ Retained Products								
					_	cctann	ed Froducts					
Pathological examina	ation	If yes, results:						Other (Spec	iJy)			
performed?	ation											
■ Yes □ 1	RTS			Did this			resul	in a maternal death?				
<u> </u>	l											
			Туре	of Termir	nation Procedu	res						
Procedure that Termi	inated P	regnancy	Additional Pr	ocedure	e that Ter	minated Pro	egnancy					
☐ Medical (Nonsu	rgical)	Mifepristone			☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	<b>:</b>			
Medical (Nonsu:								Aisoprostol Other (Speci	fy)			
	-8	( <i>-</i> <sub><i>F</i></sub> <i>y</i> ) /				(	-8	(~ <i>I</i> ~ + + +	,,,,			
Madian (Sumi	-1) C	: C#				(C:-	-1\ C4:	C				
	al) Mer	strual Aspiration			Medical	(Surgic	al) Mens	on Curettag strual Aspir				
Medical (Surgical)	al) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical	ıl) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) proced	lures, answ	er the following	g ques	tion.	
Was the fetus viable ☐ Yes ■		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous questi	on was	answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was a	nswered ye	s, complete the	follo	wing questions.	
Was the fetus given ☐ Yes ☐		t opportunity to surv	rive?			us giver Yes [		opportunit	y to survive?			
What was the basis	for dete	ermination that the p	regnant woman had a con	ndition	What was the	ne basis	for deter	mination th	at the pregnan	wom	an had a condition	
			ious impairment to the pr								ent to the pregnant	
woman:					woman:							
Data 1t	ng - 1			nm c=4*	of control of		~)	D / C	wilio-ei-	f A. '	Cotro (in 1	
Date last normal men		an <b>05/2018</b>	Physicia	an estimate	e of gestation (i	n weeks	s)	Post fer	unzation age o	of the f	etus (in weeks)	
How were the gestati	onal ago	e and post fertilization	n age determined?					I.				
SONOGRAM												
E11 6												
Full name of physicia  KATHLEEN GLOV	_	rming termination										
	•		mber and street, city, stat	te, and zip	code)							
3607 WEST 16TH S	STREE	Γ, INDIANAPOLIS	, IN 46222									
**Date Reported t	o DCS	, if Patient under 1	6 (month day year)									
•	*Date Reported to DCS, if Patient under 16 (month, day, year):											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					ncy termination					
Patient's age**	Marrie	d Yes • No	Date of pregnancy term		Educat	ion	Rach	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Alas	ka Native	05/10/201  ☐ Asian ☐ Blac ☐ White ☐ Othe	k or Africa	n American	Unknown Number now c	Ethnicity Hispa				
Other Termination	ns: N	umber of spontaneou				Number of ind	uced termi	-			
Dates of termination	ns (Do no		ation. If more than six (6,								
Fetus delivered alive		If yes, length of ti	me fetus survived:	4.		5	•	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration			
Fetus viable?  Yes  Yes			reason for termination:			Infection Other (Spec	Retained Products				
Pathological examin performed?  Yes	If yes, results: SAC, CHORION	IC VILLI, & FETAL PA			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
Type of Termination Procedures											
Procedure that Term	ninated P	regnancy	Турс			minated P	regnancy				
Medical (Nonst	Mifepristone Misoprostol			Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgion Medica	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspi				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) proced	dures, answ	ver the following question.			
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following questio	ons.	If the previous	s question was a	nswered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the best es  No	opportuni	ty to survive?			
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	meae had	an	Physicis	an actimata	of gestation (ii	n waaks)	Post fe	ertilization age of the fetus (in weeks)			
	03/	13/2018		comiate	13	. rrcens)	1 051 10	11			
How were the gestate SONOGRAM	tional age	e and post fertilization	on age determined?								
Full name of physic <b>KATHLEEN GLO</b>	Full name of physician performing termination  KATHLEEN GLOVER										
	n perform		mber and street, city, stat , IN 46222	te, and zip c	rode)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
_			year):					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr CLINIC FOR WOMEN - 3607 W	ress EST 16TH STREET SUITE B2, INI	DIANAPOLIS, IN 46222	or town, of pregna	nncy termination	, , , ,					
Patient's age** M	airica	Date of pregnancy termination	n Educa	tion						
28 Race	☐ Yes ■ No	05/10/2018		High So Ethni	chool Diploma or GED					
☐ American Indian or ☐ Native Hawaiian or	_	Asian Black or A White Other	African American		ispanic or Latino of Hispanic or Latino					
Live Births:	Number now living	2		Number now deceased	0					
Other Terminations:	Number of spontaneous	1		Number of induced ter	rminations 2					
Dates of terminations (L  1. UNKNOWN		ion. If more than six (6), thos	se most recent.)	5	6					
Fetus delivered alive?	If yes, length of time	e fetus survived:		Complication(s) of Pregnancy Termination						
☐ Yes ■ No				■ None	☐ Uterine Perforation					
Fetus viable?	If viable, medical re	ason for termination:		Hemorri	hage					
☐ Yes ■ No		☐ Infection	n Retained Products							
				Other (S	Specify)					
Pathological examination performed?  SAC & CHORIONIC VILLE  Pathological examination performed?										
■ Yes  No  SAC & CHORIONIC VILLI  Did this termination of pregnancy result in a maternal death?										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
_										
☐ Medical (Nonsurgion Medical (Nonsurgio	cal) Misoprostol			(Nonsurgical) Misopro (Nonsurgical) Other (S	ostol					
i Medicai (Nollsurgio	cai) Other (specify)		Medical	(Nonsurgical) Other (5)	ресцу)					
Medical (Surgical)	Suction Curettage			(Surgical) Suction Cure	ettage					
	Menstrual Aspiration		☐ Medical	(Surgical) Menstrual A (Surgical) Other (Special)	spiration					
- Wedlear (Surgicus)	other (speedy)		Wiedlean	(Surgicul) Ouler (Speed	977					
For Medical (Surgical) p	procedures, answer the follo	owing question.	For Medical	(Surgical) procedures, a	nswer the following question.					
	r have a post fertilization ag	ge at least 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
Yes I	was answered yes, complet	te the following questions		<del>_</del>	d yes, complete the following questions.					
	e best opportunity to surviv	• •	_	us given the best opport						
☐ Yes ☐ 1				Yes No	•					
		gnant woman had a conditior us impairment to the pregnar			on that the pregnant woman had a condition death or serious impairment to the pregnant					
Date last normal menses	s began	Physician esti	mate of gestation (	in weeks) Pos	st fertilization age of the fetus (in weeks)					
	03/25/2018		7	103	5					
How were the gestational SONOGRAM	al age and post fertilization	age determined?								
Full name of physician p	_									
	rforming termination (num	ber and street, city, state, and	l zip code)							
JOUI WEST IN JOH	SEE I, INDIANAPOLIS, I									
**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					ncy termination County of pregnancy termination  IAPOLIS MARION					
Patient's age**	T		Date of pregnancy term	vination	Educat	tion					
23	Marrie	d ☐ Yes ■ No	05/10/20		Educa		gh Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian Blac White Othe		an American	Unknown Number now de	■ Not I	y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou				Number of indu	ced termi	-			
Dates of termination	ns (Do no	ot include this termin	ation. If more than six (6)	), those mo	ost recent.)			U			
Fetus delivered alive			me fetus survived:		4	5	•	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?  Yes	If viable, medical	reason for termination:		In	femorrhag  fection  ther (Spec	Retained Products					
Pathological examin	nation	If yes, results:					7				
Yes	SAC & CHORIO	NIC VILLI			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Tern	ninated Pr	regnancy			
Medical (Nonsi	urgical)	Misoprostol			<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> <li>Medical (Nonsurgical) Other (Specify)</li> </ul>						
Medical (Surgion Medical (Surgio	cal) Mei	nstrual Aspiration			Medical	(Surgical) Suction (Surgical) Menst (Surgical) Other	trual Aspi				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) procedu	ures, answ	ver the following question.			
Was the fetus viab ☐ Yes		e a post fertilization	age at least 20 weeks?			etus viable or have a post fertilization age at least 20 weeks? Yes \(\square\) No					
If the previous ques	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was an	swered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us given the best of the last	opportunit	ty to survive?			
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Dili	,		l 80 · ·		<b>C</b>	1	B   C				
Date last normal me	_	an <b>04/2018</b>	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 7			
How were the gestar SONOGRAM	tional ag	e and post fertilization	on age determined?								
Full name of physic  KATHLEEN GLO	Full name of physician performing termination										
	n perform		mber and street, city, state, IN 46222	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVI								_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS	City	y or town, of pregna	County of pregnancy termination APOLIS  MARION						
Patient's age** Married Date of pro	egnancy termination	on Educa	tion						
26	05/10/2018				ege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or A	African American	Unknown Number now de		c or Latino panic or Latino Unknown				
Number of contensors terminate	0 ons		Number of indu		o ions				
Other Terminations: Number of spontaneous termination  Dates of terminations (Do not include this termination. If more	1	sa most racent )			1				
		<i>'</i>	5		6				
Fetus delivered alive? If yes, length of time fetus sur	vived:			Complicati	on(s) of Pregnancy Termination				
☐ Yes ■ No			■ N	Vone	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for te	ermination:		— П	Iemorrhage	☐ Cervical Laceration				
Yes No	immuton.		☐ Ir	nfection	☐ Retained Products				
		Other (Specify)							
Pathological examination									
performed?  Performed?  SAC & CHORIONIC VILLI			Did this	termination	of pregnancy result in a maternal dea				
			Yes		or pregnancy result in a maternal dec				
	Type of To	ermination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Preg	nancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M						
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) O						
Medical (Surgical) Suction Curettage			(Surgical) Suction						
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other		on				
			( 6 )	(-F 32)					
For Medical (Surgical) procedures, answer the following ques	etion	Eor Medical (	Surgical) proced	urae anewar	the following question.				
					0.1				
Was the fetus viable or have a post fertilization age at least 1 ☐ Yes ■ No	20 weeks?		etus viable or have a post fertilization age at least 20 weeks?  Yes   No						
If the previous question was answered yes, complete the follo	wing questions.	If the previou	s question was ar	nswered yes,	complete the following questions.				
Was the fetus given the best opportunity to survive?			us given the best	opportunity t	o survive?				
Yes No			Yes No						
What was the basis for determination that the pregnant worn that required the procedure to avert death or serious impairs					the pregnant woman had a condition or serious impairment to the pregnar				
woman?	1 0	woman?	•						
Date last normal menses began 03/15/2018	Physician est	imate of gestation (i	n weeks)	Post fertil	ization age of the fetus (in weeks)  6				
How were the gestational age and post fertilization age determ	nined?	<u> </u>			<u> </u>				
SONOGRAM									
Full name of physician performing termination  KATHLEEN GLOVER									
Address of physician performing termination (number and str	reet, city, state, and	d zip code)							
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222									
**Date Reported to DCS if Patient under 16 (month of	lav vear):								
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/14/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						mination LIS	r termination				
Patient's age**	<b>.</b> .		Date of pregnancy term	ination	Educa	tion						
35	Marrie [	d ☐ Yes ■ No	05/10/20		Educa	uon	Hig	gh Schoo	ol Diploma or	GED		
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American		nknown oer now de	☐ Not H	nic or Latino ispanic or Latin	0	Unknown	
Live Births:			2				per of indu		0			
Other Termination	s.	umber of spontaneou	0			Nullic	ber of illum	ced termin	1			
Dates of termination UNKNOWN	s ( <i>Do no</i> 2		ation. If more than six (6		ost recent.)		5.		6.			
Fetus delivered alive	<del></del>	If yes, length of ti						Complica	ntion(s) of Pregr	nancy	Termination	
☐ Yes ■	No						■ None ☐ Uterine Perforation					
							⊢					
Fetus viable?  Yes				☐ Infection ☐ Retained Products								
					_	ctanic	a Froducts					
Pathological examin	ation				ther (Speci	<i>א</i> י)						
performed?	ation	NIC VILLI										
■ Yes □	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No											
	Type of Termination Procedures											
Procedure that Term	inated P	regnancy	Additional Pr		e that Term	ninated Pre	egnancy					
☐ Medical (Nonsu							rgical) Mi		•			
☐ Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsu	rgical) Mi	isoprostol				
Medical (Nonsu	irgical)	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgio		tion Curettage astrual Aspiration					cal) Suctional) Menst					
Medical (Surgio							cal) Other					
For Medical (Surgical	al) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) procedu	ıres, answe	er the following	quest	ion.	
Was the fetus viab. ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered ves. comp	lete the following question	ons.	If the previou	s auest	ion was an	swered ve	s, complete the	follow	ving questions.	
1 1		et opportunity to surv	<i>U</i> 1		1	•		•	to survive?			
Yes [		a opportunity to surv	ive:			Yes [		opportunity	to survive:			
			regnant woman had a con								n had a condition	
that required the programmer woman?	rocedure	to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to	avert deat	h or serious im	pairme	ent to the pregnant	
Date last normal me	nses beg	an	Physicia	an estimate	e of gestation (i	n week:	s)	Post fer	tilization age of	the fe	etus (in weeks)	
	03/	23/2018			7					5	,	
How were the gestat	ional ag	e and post fertilization	on age determined?									
CONTONAIN												
Full name of physici	ian perfo	rming termination										
KATHLEEN GLO	VER											
Address of physician 3607 WEST 16TH	-		mber and street, city, stat IN 46222	te, and zip	code)							
JULY TOTAL	JLE	.,JIANAI OLIO	,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):									
_	*Date Reported to DCS, if Patient under 16 (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					pregnancy termination  NDIANAPOLIS  County of pregnancy termination  MARION					
Patient's age**	Marrie	1	Date of pregnancy term	nination	Educa	tion					
35		Yes No	05/10/20 <sup>-</sup>		Educa			ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Other		Asian Blac White Othe		an American	Unknow		y anic or Latino Hispanic or Latino			
Other Termination	ns: Nu	umber of spontaneou	us terminations			Number of	induced termi	nations 0			
Dates of termination	ns (Do no		ation. If more than six (6)					*			
Fetus delivered alive		If yes, length of ti			4		Complice  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration			
Fetus viable?  Yes	ii viabie, medicai	reason for termination:			Infection Other (Spec	☐ Retained Products					
Pathological examin performed?	nation	If yes, results:									
performed?  ☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Туре	of Termin	nation Procedur						
Procedure that Term							Terminated Pr				
Medical (Nonsi	Misoprostol				Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica	cal) Men	strual Aspiration				(Surgical) M	Juction Curetta Menstrual Aspi Other (Specify)				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) pro	ocedures, answ	ver the following question.			
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?			the fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was a	answered yes, comp	lete the following question	ons.	If the previou	s question w	as answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			us given the l	best opportuni	ty to survive?			
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	enses bega	an	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	03/2	20/2018			6	,		4			
How were the gestar SONOGRAM	tional age	and post fertilization	on age determined?								
Full name of physic	_	rming termination									
	n perform	•	mber and street, city, stat	te, and zip	code)						
**Date Reported	to DCS,	if Patient under 1	6 (month, day, year):					-			
DATE RECEIVI	ED BY I	SDH (month, day,	year):05/14/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN	46222 City or 1	town, of pregna	ncy terminatio	y termination RION						
Patient's age** Married Date of pregn	ancy termination	Educa	tion							
	05/10/2018	Educa	uon	Bach	elor's Degree					
Race American Indian or Alaska Native Asian	☐ Black or Afric	an American			nic or Latino					
Native Hawaiian or Other Pacific Islander  Number now living	Other		Unknown Number now		Hispanic or Latino	Unknown				
Live Birtins: 0			Number of in		0 nations					
Other reminations:			rumber of h	iduced termin	0					
Dates of terminations (Do not include this termination. If more to	nan six (0), those m	ost recent.) <sub>4.</sub>	5.		6.					
Fetus delivered alive? If yes, length of time fetus surviv	ed:			Complic	ation(s) of Pregnancy	Termination 7				
☐ Yes ■ No			•	None	☐ Uterin	e Perforation				
				Hemorrhage	e 🔲 Cervic	al Laceration				
Fetus viable?  If viable, medical reason for term  Yes No	nination:			Infection	— □ Retain	ed Products				
					_	ed i foducis				
Other (Specify)										
Pathological examination performed?  If yes, results:										
☐ Yes ■ No		Did this termination of pregnancy result in a maternal death?  Yes No								
<u> </u>	<u> </u>	-								
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone			(Nonsurgical)							
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)							
	Interior (Nonsangrear) Sunt (Speedy)									
			(G : 1) G	· · · · · ·						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Su (Surgical) Me	nstrual Aspii	ge ration					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	ner (Specify)						
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	(Surgical) proc	edures, answ	er the following ques	tion.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	es, complete the follo	wing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	est opportunit	y to survive?					
		_	_							
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen					nat the pregnant wom th or serious impairm					
woman?		woman?								
L		<u> </u>								
Date last normal menses began	Physician estimate	-	n weeks)	Post fe	rtilization age of the	fetus (in weeks)				
03/24/2018  How were the gestational age and post fertilization age determin	ed?	6			4					
SONOGRAM										
Full name of physician performing termination										
KATHLEEN GLOVER  Address of physician performing termination (number and street)	t city state and zin	code)								
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	.,,, siene, una sip									
**Date Reported to DCS, if Patient under 16 (month, day,					-					
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 366	Facility Name and Address SLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						y termination County of pregnancy termination POLIS MARION						
Patient's age**	Marri	lad.	Date of pregnancy term	nination	Educa	tion				1			
42		ed ■ Yes □ No	05/10/20 <sup>-</sup>		Edded	tion		Bach	elor's Degree				
Race American Indian Native Hawaiian	or Oth		☐ Asian ☐ Blac ■ White ☐ Other		an American		ıknown ber now d	■ Not H	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:			2					uced termin	0				
Other Termination	15.	Number of spontaneou	1			Nullic	ber of ma	uced termin	0				
Dates of termination	is ( <i>Do n</i>		ation. If more than six (6		ost recent.) <sub>4.</sub>		5.		6.				
Fetus delivered alive	e?	If yes, length of ti					Complication(s) of Pregnancy Termination						
☐ Yes ■	No						■ None ☐ Uterine Perforation						
	If viable, medical				☐ F	Hemorrhage	e 🔲 Cerv	vical Laceration					
Fetus viable?  Yes					nfection	□ Reta	ined Products						
								Other (Spec	rify)				
Pathological examin	ation	If yes, results:					- Guier (specify)						
performed?													
☐ Yes ■					Did this			ult in a maternal death?					
		•					•						
Type of Termination Procedures													
Procedure that Term	inated	Pregnancy		Additional Pr	ocedure	e that Ter	minated Pr	egnancy					
Medical (Nonsu								lifepriston					
Medical (Nonst	argical)	Misoprostol				(Nonsu	rgical) M	1isoprostol					
Medical (Nonst	argicai)	Other (Specify)			Medical	(Nonsu	irgicai) C	Other (Speci	ify)				
Medical (Surgion Medica		ction Curettage enstrual Aspiration						on Curettag strual Aspir					
Medical (Surgio								r (Specify)					
For Medical (Surgic	al) proc	cedures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.			
Was the fetus viab ☐ Yes [		we a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous quest	tion wa	s answered yes, comp	lete the following question	ons.	If the previou	is quest	ion was a	nswered ye	es, complete the fol	lowing questions.			
Was the fetus give  ☐ Yes ☐		est opportunity to surv	rive?					opportunit	y to survive?				
					_	Yes [	<del>_</del>						
			regnant woman had a con ious impairment to the pr		What was that require	he basis d the pr	for deter ocedure t	mination tl o avert dea	hat the pregnant wo th or serious impai	oman had a condition rment to the pregnant			
woman?					woman?								
L					I								
Date last normal me		gan 3/27/2018	Physicia	an estimate	e of gestation (	in week:	s)	Post fer	rtilization age of th				
How were the gestat		ge and post fertilization	on age determined?		'				<u> </u>				
SONOGRAM													
Full name of physic	_	Forming termination						·					
		rming termination (nu	mber and street, city, stat	te, and zip	code)								
3607 WEST 16TH	STRE	ET, INDIANAPOLIS	, IN 46222										
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):												
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					wn, of pregnancy termination INDIANAPOLIS  County of pregnancy terminati MARION				
Patient's age**	Maniad	Date of pregnancy term	nination	Educa	tion					
22	Married ☐ Yes ■ No	05/10/20		Educa	поп	Bach	elor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American		Ethnicity Hispa known Not I	anic or Latino Hispanic or Latino   Unknown			
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 0			
	ns (Do not include this termin	0	), those mo	ost recent.)			0			
1		3				5	6			
Fetus delivered alive	, , , , ,	me fetus survived:				Complic	cation(s) of Pregnancy Termination			
l les E	110			■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■	· · · · · · · · · · · · · · · · · · ·					Infection	☐ Retained Products			
						Other (Spec	cify)			
Pathological examir	nation If yes, results:									
performed?	No					Did this termination	on of pregnancy result in a maternal death?			
						Yes N				
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e			
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)			
	cal) Suction Curettage					al) Suction Curetta				
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
	, , , ,			_						
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical (	Surgica	1) procedures answ	ver the following question.			
						•				
	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.						
	en the best opportunity to surv	vive?				the best opportunit	ty to survive?			
☐ Yes [	No				Yes _	No				
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?	•		1 1 0			
<u> </u>										
Date last normal me	enses began UNKNOWN	Physicia	an estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 4			
How were the gesta	tional age and post fertilization	on age determined?		•			7			
SONOGRAM										
Γ= <i>u</i>										
	Full name of physician performing termination  KATHLEEN GLOVER									
Address of physicia	n performing termination (nu		te, and zip	code)						
3607 WEST 16TH	STREET, INDIANAPOLIS	s, IN 46222								
**Data D / 1	to DCS if D-4i	6 (march 1								
-	*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	6TH STREET SUITE B	2, INDIANAPOLIS, IN 46222	City or town	n, of pregna	•		County of pregnancy termination  MARION				
				•				•			
Patient's age** 30	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/10/20		Educa	tion	High Sch	ool Diploma or GED			
Race American India Native Hawaiiai			☐ Asian ☐ Blac ☐ White ☐ Othe	ck or African A	american	☐ Un	Ethnici His Iknown • Not	ity panic or Latino : Hispanic or Latino			
Live Births:	N	umber now living	2			Numb	per now deceased	0			
Other Termination	ns: N	umber of spontane	ous terminations 0			Numb	per of induced term	ninations 1			
Dates of termination UNKNOWN	ns (Do no	t include this term	ination. If more than six (6		ecent.)		5	6			
Fetus delivered aliv	re?	If yes, length of	time fetus survived:					lication(s) of Pregnancy Termination			
☐ Yes ■	No						■ None	☐ Uterine Perforation			
Fetus viable?		If viable medic	al reason for termination:			Hemorrhage Cervical Laceration					
Yes •	No	ii viaoie, medie	arreason for termination.				☐ Infection	☐ Retained Products			
							Other (Sp	ecify)			
Pathological examir performed?	nation	If yes, results:									
Yes •				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No							
			Туро	e of Terminatio	on Procedu	res					
Procedure that Term	ninated P	regnancy		Ac	lditional P	ocedure	e that Terminated	Pregnancy			
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>					Medical Medical	(Nonsu (Nonsu	rgical) Mifepristo	one ol			
Medical (Nons				=	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgi		tion Curettage astrual Aspiration					eal) Suction Curet				
Medical (Surgi					Medical	(Surgic	al) Other (Specify	, ,			
For Medical (Surgion	cal) proce	dures, answer the	following question.	Fo	r Medical	(Surgica	al) procedures, ans	wer the following question.			
	ole or hav	e a post fertilization	on age at least 20 weeks?	1	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, con	plete the following question	ons. If	the previou	is quest	ion was answered	yes, complete the following questions.			
Was the fetus give ☐ Yes		t opportunity to su	rvive?	1		us givei Yes [	n the best opportui	nity to survive?			
			pregnant woman had a cor					that the pregnant woman had a condition			
that required the p woman?	rocedure	to avert death or s	erious impairment to the p	C	hat require voman?	d the pr	ocedure to avert d	eath or serious impairment to the pregnant			
Date last normal me	_	an 18/2018	Physici	an estimate of	gestation (	in week:	s) Post	fertilization age of the fetus (in weeks)  6			
How were the gesta			tion age determined?		U			Ü			
SONOGRAM											
Full name of -1	nion marif	emina tamaiti									
Full name of physic KATHLEEN GLO	_	ming termination									
Address of physicia 3607 WEST 16TH	-	-	number and street, city, sta	te, and zip cod	e)						
300. HEO! 101H	UNCE	., UL									
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	ED BY	ISDH (month, da	v. vear): 05/14/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		S T 16TH STREET SUITE B2, I	46222 C	City or tow		gnancy termination County of pregnancy termination IANAPOLIS MARION						
Patient's age** 30	Mai	ried No	Date of pregn	nancy termina 05/10/2018	ntion	Educa	tion	Hi	igh Scho	ol Diploma or GE	ED	
Race American Indian	or A		☐ Asian	☐ Black o	or African	American				anic or Latino		
☐ Native Hawaiian  Live Births:	or O	her Pacific Islander Number now living	■ White	Other			Unk Numbe	nown er now de		Hispanic or Latino	Unknown	
Other Termination	s:	Number of spontaneou	1 is terminations				Numbe	er of indu	aced termin			
Dates of termination		not include this termin	ation. If more to	han six (6), th	hose most	recent.)				1		
					4	4 5 6  Complication(s) of Pregnancy Termination						
Fetus delivered alive  Yes  1		If yes, length of tin	me fetus surviv	red:				■ N	•	_	ine Perforation	
									lemorrhag	_	ical Laceration	
Fetus viable?  If viable, medical reason for termination:  Yes No									nfection	_	ined Products	
				_	Other (Spec	_	med Froducts					
Pathological examination	If yes, results:											
performed?	No					Did this termination of pregnancy result in a maternal death						
				Yes								
					· m ·							
D 1 1 5				Type of		on Procedu						
Procedure that Term					A	dditional Pr						
Medical (Nonsu Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsurg	gical) M	lifepriston lisoprostol			
Medical (Nonsu	) Other (Specify)			L	_ Medical	(Nonsur	gical) O	ther (Spec	ıfy)			
	1) 0	· · · · · · · · · · · · · · · · · · ·			_	7 34 11 1	(G :	1) G .:	- C "			
Medical (Surgic	cal) N	uction Curettage  Menstrual Aspiration				Medical	(Surgica	l) Mens	on Curetta			
Medical (Surgion	cai) C	otner ( <i>Specify)</i>				_ Medicai	(Surgica	1) Otner	(Specify)			
Ear Madical (Sympio	o1) mm	and the fall	llowing quartic			on Madical	(Cumoi aali	) mmaaad		on the fellowing au		
	_	ocedures, answer the follows a past fortilization				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [		ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions.	If	the previou	ıs questio	on was ar	nswered ye	es, complete the foll	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	rive?				us given Yes		opportunit	ty to survive?		
		etermination that the pr	reanant woman	had a conditi	ion	_			mination t	hat the pregnant wo	man had a condition	
		are to avert death or seri			nant						ment to the pregnant	
woman:						woman:						
Date last normal mer		-		Physician e	estimate of	gestation (	in weeks)	ı	Post fe	rtilization age of the	e fetus (in weeks)	
How were the gestat		3/26/2018 age and post fertilization	on age determin	ed?		8				6		
SONOGRAM		J F										
Γ = #												
Full name of physici KATHLEEN GLO	_	rforming termination										
	-	orming termination (num		t, city, state, c	and zip cod	de)						
JOUT WEST TOTAL	JIKI	ET, INDIANAPOLIS	, 114 40222									
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					town, of pregna	ncy terminati	on	County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy terr	nination	Educa	tion					
23		Yes No	05/10/20			Bachelor's Degree					
Race American Indian Native Hawaiian	or Othe		Asian Bla White Oth		an American	Unknow	n Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	umber of spontaneou	0			0 Number of induced terminations					
Other Termination	13.		ation. If more than six (	6) those m	ost recent )	0					
1	2		3	**	,	:	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No							■ None ☐ Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No						☐ Infection ☐ Retained Products				
							Other (Spe	cify)			
Pathological examin performed?	nation	If yes, results:									
☐ Yes ■	No						this terminat Yes 🔳 N		It in a maternal death?		
Type of Termination Procedures  Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that	Terminated F	regnancy			
<ul><li>Medical (Nonst</li><li>Medical (Nonst</li></ul>						(Nonsurgical (Nonsurgical					
Medical (Nonst						Medical (Nonsurgical) Other (Specify)					
Medical (Surgio		ion Curettage strual Aspiration				(Surgical) Su (Surgical) M					
Medical (Surgio						(Surgical) O					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) pro	cedures, ansv	wer the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following questi	ons.	If the previou	is question wa	as answered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	rive?			etus given the best opportunity to survive?  Yes  \text{No}					
What was the basis	s for dete	rmination that the p	egnant woman had a co	ndition	_	/hat was the basis for determination that the pregnant woman had a condition					
			ious impairment to the p					ath or serious impair			
Date last normal me	_		Physic	ian estimat	e of gestation (i	in weeks)	Post f	ertilization age of the	fetus (in weeks)		
How were the gestat		20/2018 e and post fertilization	on age determined?		7			5			
SONOGRAM	agt	. and post fortinzatio	ago accommod:								
	Full name of physician performing termination  KATHLEEN GLOVER										
Address of physician performing termination (number and street, city, state, and zip code)											
3607 WEST 16TH	STREE	r, INDIANAPOLIS	, IN 46222								
**Date Reported	to DCS	if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVE	ED BY 1	SDH (month, day,	year): 05/14/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS,	IN 46222 City or	town, of pregna	ncy termination	Cour	nty of pregnanc	y termination RION		
Patient's age**  32  Married Yes No  Date of pre	gnancy termination 05/10/2018	Educat	cion	9th-12th, No	Diploma			
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White	■ Black or Afric	can American	Unknown	☐ Hispanic or ■ Not Hispani		Unknown		
Live Births: Number now living	1		Number now deceased <b>0</b>					
Other Terminations: Number of spontaneous termination	ns 1		Number of indu	iced terminations	s 1			
Dates of terminations (Do not include this termination. If more 1, 2013 2 UNKNOWN 3,	e than six (6), those m	nost recent.)	5		6			
Fetus delivered alive? If yes, length of time fetus surv	rived:			Complication(s	s) of Pregnancy	Termination		
☐ Yes ■ No		■ N	Vone	☐ Uterine	e Perforation			
			<sub></sub> <sub></sub> <sub></sub>	Iemorrhage	☐ Cervic	al Laceration		
Fetus viable? If viable, medical reason for ter	rmination:			☐ Infection ☐ Retained Products				
Pathological examination If yes, results:			-	(Sp = 1957)				
performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal de								
10 10			Yes		regnancy resum	in a maternal death?		
	Type of Term	ination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregnand	су			
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) M					
Medical (Nonsurgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suction	on Curettage				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other					
For Medical (Surgical) procedures, answer the following quest	tion.	For Medical (	Surgical) proced	ures, answer the	following quest	_ tion.		
Was the fetus viable or have a post fertilization age at least 2  ☐ Yes ☐ No	0 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the follow	ving questions.	If the previou	If the previous question was answered yes, complete the following questions.					
Was the fetus given the best opportunity to survive?	C 1		_	opportunity to su				
Yes No			es No	-FF				
What was the basis for determination that the pregnant wom: that required the procedure to avert death or serious impairm						an had a condition ent to the pregnant		
woman?	ent to the pregnant	woman?	i the procedure t	o avert death of s	erious impairin	ent to the pregnant		
Date last normal menses began 03/22/2018	Physician estimat	te of gestation (i	n weeks)	Post fertilizat	ion age of the f	etus (in weeks)		
How were the gestational age and post fertilization age determ	ined?	•			<u> </u>			
SONOGRAM								
Full name of physician performing termination  KATHLEEN GLOVER								
Address of physician performing termination (number and street) 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	eet, city, state, and zip	o code)						
TEO. IVITIOTREET, INDIANAL OLIO, IN 40222								
**Date Reported to DCS, if Patient under 16 (month, de	ay, year):							
DATE RECEIVED BY ISDH (month, day, year): 05/1	4/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDIANAPOLIS, IN	City o	r town, of pregna	ncy tern		County of pregnancy termination  MARION			
		<u> </u>							
40		nancy termination 05/10/2018	Educa	tion		ol Diploma or GED			
Race American Indian or A Native Hawaiian or C Live Births:	Other Pacific Islander  Number now living  White	☐ Black or Afr☐ Other	ican American	_		anic or Latino Hispanic or Latino  Unknown			
	Number of spontaneous terminations			Numbe	0 Number of induced terminations				
Other Terminations:	o not include this termination. If more		most recent \			0			
1	2 3		,		5	6			
Fetus delivered alive?	If yes, length of time fetus surviv		Compli	cation(s) of Pregnancy Termination					
☐ Yes ■ No					None	☐ Uterine Perforation			
					☐ Hemorrhag	e			
Fetus viable?  ☐ Yes ■ No	If viable, medical reason for term	nination:			☐ Infection	Retained Products			
_ les _ No					_	_			
B.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	70 1				Other (Spec	cify)			
Pathological examination performed?									
☐ Yes ■ No					Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
					i i es 🖃 N	0			
		Type of Tern	nination Procedu	res					
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy			
Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsur	gical) Mifepriston	e			
Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		☐ Medical	(Nonsur	rgical) Misoprosto rgical) Other (Spec				
☐ Medical (Nonsurgica	ii) Other ( <i>spectyy</i> )			(INOIISUI	gicai) Other (spec	igy)			
Medical (Surgical) S  Medical (Surgical) S					al) Suction Curetta al) Menstrual Aspi				
Medical (Surgical)					al) Other (Specify)	iation			
For Medical (Surgical) pr	ocedures, answer the following question	on.	For Medical	Surgica	l) procedures, answ	ver the following question.			
Was the fetus viable or Yes N	have a post fertilization age at least 20 o	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question w	vas answered yes, complete the followi	ing questions.	If the previou	s questi	on was answered y	es, complete the following questions.			
Was the fetus given the  ☐ Yes ☐ N	best opportunity to survive?			us given Yes [	the best opportuni	ty to survive?			
		1 1 12			_	1.44 4 12			
	determination that the pregnant womar ure to avert death or serious impairmen		that require	ne basis d the pro	for determination to ocedure to avert dea	hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			woman?						
Date last normal menses	_	Physician estima	ate of gestation (i	n weeks	) Post fe	rtilization age of the fetus (in weeks)			
	03/16/2018 age and post fertilization age determine	ned?	7			5			
SONOGRAM	1 1								
Full name of physician pe									
Address of physician per	forming termination (number and stree	of aity atata I	in code)						
	EET, INDIANAPOLIS, IN 46222	a, city, state, ana z	p coae)						
**Date Reported to D	CS, if Patient under 16 (month, day	, year):				-			
DATE RECEIVED B	SY ISDH (month, day, year): 05/14	/2018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or tov	wn, of pregna	ncy terminati	on	County of pregnancy termination MARION		
Patient's age** Married Date of pregnar	ncy termination	Educa	tion				
	5/02/2018	Educa	HOII	Asso	ociate Degree		
	■ Black or African  Other	American	Unknow	Ethnicity  Hispa	y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births: Number now living 0			Number now deceased 0				
Other Terminations: Number of spontaneous terminations			Number of	induced termi			
Dates of terminations (Do not include this termination. If more that	an six (6), those most	t recent.)			<u> </u>		
ı. <b>2018</b>	4		:		6	Tomaination	
Fetus delivered alive?  Yes No  If yes, length of time fetus survived	d:				cation(s) of Pregnancy		
		•		<u>-</u>	e Perforation		
Fetus viable? If viable, medical reason for termin	nation:			Hemorrhag	ge 📙 Cervic	al Laceration	
☐ Yes ■ No				Infection	☐ Retain	ed Products	
				Other (Spec	cify)		
Pathological examination If yes, results: performed?							
Yes • No						t in a maternal death?	
<u> </u>				Yes 🔳 N	U		
	Type of Termina	tion Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pr	regnancy		
☐ Medical (Nonsurgical) Mifepristone	]			) Mifepriston			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)	]			) Misoprosto ) Other (Spec			
			( 8	, (	337		
Medical (Surgical) Systian Curattees		☐ Madiaal	(Surgical) S	iction Curetta	go.		
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) M	enstrual Aspi	ration		
Medical (Surgical) Other (Specify)		Medical	(Surgical) O	ther (Specify)			
						_	
For Medical (Surgical) procedures, answer the following question.	. I	For Medical (	Surgical) pro	cedures, answ	ver the following ques	tion.	
Was the fetus viable or have a post fertilization age at least 20 wo ☐ Yes ■ No	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following	g questions.	If the previou	s question wa	is answered y	es, complete the follo	wing questions.	
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the b		ty to survive?		
What was the basis for determination that the pregnant woman h					hat the pregnant wom		
that required the procedure to avert death or serious impairment twoman?	to the pregnant	that required woman?	d the procedu	re to avert dea	ath or serious impairm	nent to the pregnant	
Date last normal menses began	Physician estimate of	of gestation (i	n weeks)	Post fe	ertilization age of the t	fetus (in weeks)	
03/06/2018	1 mysician estimate o	9	n weeks)	1 ost 10	7	ectus (in weeks)	
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	1?						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street, or	city, state, and zip co	ode)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, ye	ear):						
DATE RECEIVED BY ISDH (month, day, year): 05/14/20	018				_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or 1		ncy termination	Co		County of pregnancy termination MARION		
ivanie _	nancy termination 05/09/2018	Educa		octorate/Prof	fessional Degre	ee		
□ American Indian or Alaska Native     □ Native Hawaiian or Other Pacific Islander     ■ White  Live Pinther     Number now living	Black or Afric	an American	Unknown Number now	Hispanic Not Hisp	anic or Latino	Unknown		
Other Terminations: Number of spontaneous terminations			Number of inc	luced terminati				
Dates of terminations (Do not include this termination. If more t	han six (6), those m	ost recent.)			0			
1		4	5	Compliantia	on(s) of Pregnancy	Tomningtion		
Fetus delivered alive?  ☐ Yes ■ No  If yes, length of time fetus surviv	ed:			None	_	e Perforation		
		Hemorrhage	_	eal Laceration				
Fetus viable?  If viable, medical reason for term  Yes No	nination:			Infection	_	ed Products		
				Other (Specify)	_	ed Froducts		
Pathological examination								
performed?  Yes No  Did this termination of pregnancy result in a mate								
	Type of Termi	nation Procedu	res					
Procedure that Terminated Pregnancy		Additional Pi	ocedure that Te	rminated Pregn	ancy			
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) I					
Medical (Nonsurgical) Other (Specify)			(Nonsurgical)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration			(Surgical) Suct (Surgical) Men		on			
Medical (Surgical) Other (Specify)			(Surgical) Othe		<b>,,,</b>			
For Medical (Surgical) procedures, answer the following questic		For Medical	(Surgical) proce	dures answer f	he following ques			
Was the fetus viable or have a post fertilization age at least 20			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes No			Yes No					
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s question was	answered yes, o	complete the follo	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes Yes	t opportunity to	survive?			
What was the basis for determination that the pregnant woman	had a condition		_	rmination that	the pregnant wom	an had a condition		
that required the procedure to avert death or serious impairment woman?						nent to the pregnant		
Date last normal menses began	Physician estimat		n weeks)	Post fertili	zation age of the	fetus (in weeks)		
03/04/2018  How were the gestational age and post fertilization age determine	l ned?	9			7			
ULTRASOUND								
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination (number and stree 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	t, city, state, and zip	code)						
0000 GEORGETOWN ROAD, INDIANAFOLIS, IN 40200								
**Date Reported to DCS, if Patient under 16 (month, day)	, year):							
DATE RECEIVED BY ISDH (month, day, year): 05/14/	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOLI	City 6	or town, of pregna	ncy termination	County of	f pregnancy termination MARION			
Dationt's acakk	D-46	ananay tama' = -t'	D.J.	tion					
19	arried Date of pre	gnancy termination 05/04/2018	Educa		Some College, No	Degree			
Race American Indian or A Native Hawaiian or C		☐ Black or Afr	rican American	Unknown	Ethnicity  Hispanic or Lati Not Hispanic or				
Live Births:	Number now living	 )			umber now deceased				
Other Terminations:	Number of spontaneous termination	is		Number of indu	Number of induced terminations 0				
Dates of terminations (De	 o not include this termination. If more	,	most recent.)		0				
1	2 3		4	5		6			
Fetus delivered alive?  Yes No	If yes, length of time fetus surv	ived:			Complication(s) of	Pregnancy Termination			
103 <b>=</b> 100				■ No	one	Uterine Perforation			
Fetus viable?	If viable, medical reason for ter	mination:		H	emorrhage [	☐ Cervical Laceration			
Yes No	ii viadic, iliculcal leasoli for lei	mmauOII.		☐ In	fection	Retained Products			
					ther (Specify)				
Pathological examination	n If yes, results:				(Speedy)				
performed?	<i>y = 0</i> , 100 and								
☐ Yes ■ No				Did this ☐ Yes	termination of pregn  No	ancy result in a maternal death?			
<u> </u>					<u> </u>				
		Type of Terr	mination Procedur	es					
Procedure that Tamair	ad Pragnancy	-7F- 01 1011			ningted Dragger and are				
Procedure that Terminate					ninated Pregnancy				
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				(Nonsurgical) Mi (Nonsurgical) Mi					
Medical (Nonsurgical				(Nonsurgical) Ot					
Medical (Surgical)	Suction Curettage			(Surgical) Suctio	n Curettage				
	Menstrual Aspiration			(Surgical) Menst (Surgical) Other	rual Aspiration				
iviedicai (Surgical)	Outer (Specify)		Medical	(Surgical) Other	(ъресцу)				
For Medical (Surgical) pr	rocedures, answer the following quest	tion.	For Medical (	Surgical) procedu	l) procedures, answer the following question.				
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at least 2	0 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
	was answered yes, complete the follow	ving questions.		_	swered yes, complete	e the following questions.			
Was the fetus given the	best opportunity to survive?	- *	Was the fett	is given the best o	opportunity to survivo				
☐ Yes ☐ N				les □ No					
	determination that the pregnant womalure to avert death or serious impairm					nant woman had a condition is impairment to the pregnant			
woman?	idie to avert deadi or serious impairm	ent to the pregnant	woman?	a are procedure to	avent ueath of seriot	is impairment to the pregnant			
Date last normal menses	began	Physician estim	nate of gestation (i	n weeks)	Post fertilization a	ige of the fetus (in weeks)			
	03/10/2018		8			6			
_	l age and post fertilization age determ	ined?							
ULTRASOUND									
Full name of physician po	erforming termination								
DR. CASANDRA CASH	=								
	forming termination (number and stre		zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268	5							
**Date Reported to D	CS, if Patient under 16 (month, da	ıy, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or					City or to	own, of pregnar	•			County of pregnancy termination MARION		
Dationt's acces**	1		Data of me	anov tower:	nation	Dalence 4	lucation					
Patient's age** 32	Married	Yes I No	Date of pregna	35/04/2018		Educat	tion		Bach	nelor's Degree		
Race American Indian Native Hawaiian Live Births:	n or Other		Asian White	☐ Black ☐ Other		ın American	Unl	known er now de	■ Not l	anic or Latino Hispanic or Latino		
Other Termination	Nu	mber of spontaneou	us terminations				Number of induced terminations					
Dates of termination		include this termin	0 ation. If more th	an six (6),	those mo	ost recent.)	0					
1						l		5		6		
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:			Complication(s) of Pregnancy Termination					
☐ Yes ■	NO							■ N	Ione	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termi	ination:				□ H	Iemorrhag	ge Cervical Laceration		
Yes •	No	ii viaoie, inedicai	reason for terms	inucion.				☐ Iı	nfection	☐ Retained Products		
									ther (Spe	cify)		
Pathological examin	nation	If yes, results:										
performed?	No							Did this	terminati	on of pregnancy result in a maternal death?		
	1.0							Yes Yes				
Type of Termination Procedures												
Procedure that Term	ninated Pre	egnancy				Additional Pro	ocedure	that Terr	ninated P	regnancy		
☐ Medical (Nons						☐ Medical						
Medical (Nons						☐ Medical ☐ Medical						
	,	1 007						,				
Medical (Surgi	anl) Sunti	on Curattaga				☐ Madical	(Suraios	1) Suotie	on Curetta			
Medical (Surgi	cal) Mens	strual Aspiration				Medical	(Surgica	al) Mens	trual Aspi	ration		
Medical (Surgi	cal) Other	t (Specify)				☐ Medical	(Surgica	il) Other	(Specify)			
For Medical (Surgio	cal) proced	lures, answer the fo	llowing question	n.		For Medical (	or Medical (Surgical) procedures, answer the following question.					
Was the fetus viab		a post fertilization	age at least 20 w	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was a	nswered yes, comp	lete the followin	ng questions	s.	If the previous	vious question was answered yes, complete the following questions.					
Was the fetus give		opportunity to surv	vive?				us given Yes	the best opportunity to survive?				
What was the basi	is for deter	mination that the p	regnant woman l	had a condi	ition	What was th	ne basis	for deteri	mination t	hat the pregnant woman had a condition		
		o avert death or ser								ath or serious impairment to the pregnant		
woman.						woman.						
Date last normal me	nces boss	n	1	Physician	estimata	of gestation (ii	n woole	)	Post fo	ertilization age of the fetus (in weeks)		
	03/0	7/2018			commate	8 8	n weeks,	,	1 081 10	6		
How were the gesta	tional age	and post fertilization	on age determine	ed?					-			
ULTRASOUND												
Full name of physic	rian narfor	ming termination										
DR. CASANDRA	_	-										
Address of physicia	•			, city, state,	and zip	code)						
8590 GEORGETO	WIN KUA	D, INDIANAPOL	13, IN 40268									
**Date Reported	to DCs	if Patient under 1	6 (month dans	vear).								
_										_		
DATE RECEIVE	ED BY IS	SDH (month, day,	year):							_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Addre	ess 1) - 8590 GEORGETOWN ROAD, II	NDIANAPOLIS, IN, 46268	City or town,	of pregna	•			County of pregnancy termina MARION	ition
	arrica	Pate of pregnancy termin		Educa	tion		041- 404	No Dinleres	
Race American Indian or A		Asian Black White Other	or African A	merican			Ethnicity  Hispar	n, No Diploma  nic or Latino Ispanic or Latino	nknown
Live Births:	Number now living	_				er now dec		•	IIKIIOWII
Other Terminations:	Number of spontaneous t	<b>0</b> erminations			Number of induced terminations				
	o not include this termination	0 on. If more than six (6),	those most re	ecent.)				0	
1		_ 3				5		6	
Fetus delivered alive?  Yes No	If yes, length of time	fetus survived:					Complica	tion(s) of Pregnancy Termina	ition
l les 🖪 No						■ No	one	☐ Uterine Perforat	ion
Fetus viable?								tion	
Petus viable? In viable, medical reason for termination:  ☐ Yes ■ No ☐ Infection ☐ Retained Products								cts	
☐ Other (Specify)									
Pathological examination If yes, results:									
performed?									
☐ Yes ■ No						Did this t	termination  No	n of pregnancy result in a mat	ernal death?
		Туре	of Termination	n Procedui	res				
Procedure that Terminate	ed Pregnancy		Ad	ditional Pr	ocedure	e that Term	ninated Pre	gnancy	
	•							•	
Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol			Medical	(Nonsu	rgical) Mi rgical) Mi	isoprostol		
Medical (Nonsurgic	al) Other (Specify)			Medical	(Nonsu	rgical) Oth	her ( <i>Specif</i>	ŷ)	
Medical (Surgical)						al) Suction			
Medical (Surgical)	Menstrual Aspiration Other (Specify)			Medical	(Surgic	al) Menstr al) Other (	ruai Aspira ( <i>Specif</i> y)	uion	
For Medical (Surgical) p	rocedures, answer the follow	wing question		· Medical (	Surgica	al) procedu	res answe	r the following question.	
					_	-		ization age at least 20 weeks	
Yes N	have a post fertilization ago No	e at least 20 weeks?	V		Yes [		i post tertii	ization age at least 20 weeks.	;
If the previous question v	was answered yes, complete	the following question	s. If t	he previou	s questi	ion was ans	swered yes	, complete the following que	stions.
Was the fetus given the	e best opportunity to survive	s?	W	Vas the feti	us giver	n the best o	pportunity	to survive?	
Yes N					Yes [		T F		
	determination that the preg							at the pregnant woman had a	
woman?	dure to avert death or seriou	s impairment to the pre	_	iat required oman?	d the pr	ocedure to	avert deat	h or serious impairment to the	pregnant
Date last normal menses	began	Physician	n estimate of g	estation (i	n weeks	5)	Post fert	ilization age of the fetus (in v	veeks)
	02/19/2018	1 Hysiona.	estimate of g	12	n rroom.	· /	1 000 1010	10	reensy
_	l age and post fertilization a	ge determined?							
ULTRASOUND									
Full name of physician p	orforming termination								
DR. CASANDRA CASI	-								
	forming termination (numb		, and zip code	?)					
8590 GEORGETOWN	ROAD, INDIANAPOLIS,	IN 46268							
•	OCS, if Patient under 16	• • •							
DATE RECEIVED I	BY ISDH (month, day, yea	<i>ur</i> ):							

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Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or town		•	County of pregnancy termination  NAPOLIS  County of pregnancy termination  MARION				
32	arried  Yes No	Date of pregnancy term 05/04/201		Educa	tion		nelor's Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Black White Othe	k or African A	merican	Unkno	wn   Not	y anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	3				ow deceased	0			
Other Terminations:	Number of spontaneou	s terminations 0			Number o	f induced term	inations 0			
Dates of terminations (De		•		,						
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:							cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration			
Fetus viable?  Yes No	If viable, medical r	eason for termination:			'	☐ Infection ☐ Other (Spe	☐ Retained Products			
Pathological examination performed?  Yes • No	If yes, results:					d this terminati	on of pregnancy result in a maternal death?			
		Type	of Termination	on Procedu	res					
Procedure that Terminate	ed Pregnancy	J. T.				it Terminated P	regnancy			
Procedure that Terminated Pregnancy  ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)  ☐ Medical (Nonsurgical) Other (Specify)  ☐ Medical (Nonsurgical) Other (Specify)							ne al			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Curetta Menstrual Aspi Other (Specify)	iration			
For Medical (Surgical) p	rocedures, answer the fol	lowing question.	<u></u>	r Medical (	(Surgical) p	rocedures, ansv	ures, answer the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?	,		us viable or Yes		tilization age at least 20 weeks?			
If the previous question v	was answered yes, complete best opportunity to survi	• •		•	•	was answered y	res, complete the following questions.			
Yes N					res		ty to survive.			
	determination that the produce to avert death or serious		egnant t				that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal menses	began	Physicia	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	02/17/2018	a aga datammin ada		13			11			
How were the gestational ULTRASOUND	i age anu post termizatioi	age determined?								
Full name of physician p	-									
Address of physician per 8590 GEORGETOWN	-		e, and zip cod	e)						
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	N, 46268 City or to	own, of pregna	ncy terminati	on	County of pregnancy termination MARION			
	ancy termination 5/04/2018	Educat	tion	Bach	elor's Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	n American	Unknow		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births: Number now living 0			Number nov	Number now deceased 0				
Other Terminations: Number of spontaneous terminations 0			Number of induced terminations					
Dates of terminations (Do not include this termination. If more th	an six (6), those mo	st recent.)						
Fetus delivered alive?  If yes, length of time fetus survive	4.			Complic	cation(s) of Pregnancy	Termination		
Yes No			-		e Perforation			
				Hemorrhag	_	al Laceration		
Fetus viable?  If viable, medical reason for termi  Yes No	nation:			Infection	_	ed Products		
Lies Lino					_	ed Floducis		
Pathological examination If yes, results:				Other (Spec	ctfy)			
performed?								
☐ Yes ■ No			Did			t in a maternal death?		
			•					
	Type of Termin	ation Procedur	es					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Γerminated Pi	regnancy			
☐ Medical (Nonsurgical) Mifepristone				) Mifepriston				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				Misoprostol Other (Spec				
			(	(-1	357			
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Si	iction Curetta	ne .			
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) M	enstrual Aspi	ration			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) O	ther (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question	1.	For Medical (	Surgical) pro	cedures, answ	er the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followin	g questions.	If the previou	s question wa	s answered ye	es, complete the follo	wing questions.		
Was the fetus given the best opportunity to survive?				est opportuni	ty to survive?			
☐ Yes ☐ No		_	es □ No					
What was the basis for determination that the pregnant woman l that required the procedure to avert death or serious impairment					hat the pregnant wom ath or serious impairm			
woman?		woman?						
				,				
Date last normal menses began 03/13/2018	Physician estimate	of gestation (i	n weeks)	Post fe	rtilization age of the t	fetus (in weeks)		
How were the gestational age and post fertilization age determine	ed?			1	-			
ULTRASOUND								
Trill name of abusinian and an incident and a								
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination ( <i>number and street</i> , <b>8590 GEORGETOWN ROAD</b> , <b>INDIANAPOLIS</b> , <b>IN 46268</b>	city, state, and zip o	code)						
GEORGETOWN ROAD, INDIANAPOLIS, IN 40208								
**Date Reported to DCS, if Patient under 16 (month, day,	year):				_			
DATE RECEIVED BY ISDH (month, day, year): 05/14/2	2018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	town, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age**  27  Married  Yes ■ No  Date of preg	nancy termination 05/09/2018	Educat		Some College, No Degree Ethnicity				
□ American Indian or Alaska Native     □ Asian     □ Native Hawaiian or Other Pacific Islander     □ White	☐ Black or Afric ☐ Other	can American	Unknown Number now do	■ Hispanic or Latino □ Not Hispanic or Latino □ Unkno	wn			
Number of groutercost termination	2		Number of induced terminations					
Other Terminations: Number of spontaneous termination 0  Dates of terminations (Do not include this termination. If more		nost recent.)		0				
1 2 3	vod.	4	5	Complication(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No  If yes, length of time fetus survi	ved:		1	<u>_</u>				
			<u>-</u>					
Fetus viable? If viable, medical reason for terr	mination:			Iemorrhage Cervical Laceration				
☐ Yes ■ No				nfection Retained Products				
				Other (Specify)				
Pathological examination performed?  If yes, results:								
☐ Yes ■ No				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	Type of Termi	ination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregnancy				
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage			(Surgical) Suction					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspiration (Specify)				
			<i>``U''</i>					
For Medical (Surgical) procedures, answer the following questi		For Madical (	Surgical) proceed	ures, answer the following question.				
				• •				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the follow	ing questions.	If the previou	s question was a	nswered yes, complete the following questions	i.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to survive?				
What was the basis for determination that the pregnant woma	n had a condition			mination that the pregnant woman had a cond	tion			
that required the procedure to avert death or serious impairme		that required		o avert death or serious impairment to the preg				
woman?		woman?						
Date last normal menses began	Physician estimat	te of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks	)			
03/14/2018  How were the gestational age and post fertilization age determined to the control of	ned?	8		6				
ULTRASOUND								
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination (number and street	et, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day	v, year):							
DATE RECEIVED BY ISDH (month, day, year):	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PPIN-GEORGETOWN OR	City or to	own, of pregna	•		County of pregnancy termination MARION					
		-		T =						
Patient's age** 36	Married Yes No	Date of pregnancy term 05/04/201		Educa	8th Grade or Less					
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ■ Othe		n American	can					
Live Births:	Number now living	2			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations 0			Number of induced terminations  1					
Dates of termination UNKNOWN	ns (Do not include this termin	ation. If more than six (6)	), those mo	st recent.)						
Fetus delivered alive	2. If was langth of ti	me fetus survived:	4	-		5	cation(s) of Pregnancy Termination			
Yes Yes	, ,	me ietus surviveu.				■ None	Uterine Perforation			
							_			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_			
☐ Yes ■	No					☐ Infection	Retained Products			
	. 70					Other (Spec	cify)			
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No					Did this termination	on of pregnancy result in a maternal death?			
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	ify)			
Medical (Surgi	cal) Suction Curettage				(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
iviedicai (Surgi	car) Other (specify)			Wiedicai	(Surgic	ai) Ouiei (specify)				
	cal) procedures, answer the fo				_	cal) procedures, answer the following question.				
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [		the best opportunity to survive?			
_	s for determination that the p	ragnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			oth or serious impairment to the pregnant			
woman?				woman?						
D-4-1.				-£ · · · ·		-1 -1 -2 -2				
Date last normal me	onses began 03/05/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  5			
	tional age and post fertilization	on age determined?				<u>I</u>				
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CASANDRA										
	n performing termination (nu		e, and zip o	code)						
0090 GEURGEIO	WN ROAD, INDIANAPOL	IO, IIN 40208								
**Date Reported	to DCS, if Patient under	6 (month, day, year):								
_	ED BY ISDH (month, day,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City o	ity or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Dationt's **	1 _		Data of	tama::	1 -	tio					
Patient's age** 29	Marrie	ed ☐ Yes ■ No	Date of pregnancy 05/09	/2018	Educa	ition	High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	or Othe			Black or Afr Other	rican American			y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou	us terminations 2			Numb	ber of induced termi	nations 1			
Dates of termination			ation. If more than si	x (6), those	most recent.)			·			
Fetus delivered alive		·	3. 2015 me fetus survived:		4		Complication(s) of Pregnancy Termination				
Yes Yes		ii yes, lengtii oi ti	me retus surviveu.				■ None ☐ Uterine Perforation				
								te Cervical Laceration			
Fetus viable?  Yes								Retained Products			
	140						☐ Infection ☐ Other (Spe.	_			
Pathological examin	nation	If yes, results:					Onler (spe	ctyy)			
performed?		ir yes, results.									
☐ Yes ■	No						Did this terminati	on of pregnancy result in a maternal death?			
Type of Termination Procedures											
Procedure that Term	ninated P	regnancy			Additional P	rocedur	e that Terminated P	regnancy			
Medical (Nonst					☐ Medical	(Nonsu	rgical) Mifepristor	ne .			
Medical (Nonst							orgical) Misoprosto orgical) Other (Spec				
Medical (Surgional Control of the Control of t	cal) Suc	tion Curettage			Medical	(Surgic	cal) Suction Curetta	ge			
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)					cal) Menstrual Aspi cal) Other (Specify)				
	,	(1 30)				` ` ` `	, (1 33)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question		For Medical	(Surgica	al) procedures, ansy	ver the following question			
			age at least 20 weeks	,9		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes [		e a post fertilization	age at least 20 week.				is viable or have a post fertilization age at least 20 weeks?  Ves No				
If the previous quest	tion was	answered yes, comp	lete the following que	estions.	If the previous	ıs quest	ion was answered y	es, complete the following questions.			
Was the fetus give  ☐ Yes [		st opportunity to surv	vive?				n the best opportuni	ty to survive?			
	_	a.a		1*.*		Yes [	_	1 . 1 . 12			
that required the pr			regnant woman had a ious impairment to th		that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
Data last as 1	mag = 1		Tri .	aiaia :	esta oft '	in *	a) In (c	untilization and of the fature (; )			
Date last normal me		an <b>07/2018</b>	Pny	sician estim	nate of gestation (	іп жеек.	s) Post is	ertilization age of the fetus (in weeks)  8			
How were the gestat	tional ag	e and post fertilization	on age determined?								
Full name of physic											
DR. CASANDRA C			mber and street, city,	state, and z	zin code)						
8590 GEORGETO				,	-x <del></del> /						
who -		1CD									
•			6 (month, day, year)					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PR	City or	town, of pregna			County of pregnancy termination  MARION							
Patient's age**	Marr	ied □ Yes ■ No	Date of pregnancy ter		Educa	tion		Some Col	lege, No D	egree		
Race American Indian o Native Hawaiian o		aska Native	Asian Bl		can American	☐ Un	known	Ethnicity  Hispan	nic or Latino		☐ Unknown	1
Live Births:		Number now living	0			Numb	er now d		0			
Other Terminations:		Number of spontaneou	s terminations			Numb	er of ind	uced termin	ations 0			
Dates of terminations	(Do 1	not include this termina	tion. If more than six	(6), those n	nost recent.)							
1		2			4		5	C1:			Termination	-
Fetus delivered alive?  Yes No		If yes, length of tir	ne fetus survived:					•	non(s) of Pr			
		• 1	None	Ц	Uterine	Perforation						
Fetus viable?			☐ I	Hemorrhage		Cervica	l Laceration					
☐ Yes ■ No								nfection		Retaine	d Products	
								Other (Speci	fy)			
Pathological examination If yes, results:												
performed?  Did this termination of pregnancy result in a maternal Yes No  No  Yes No										in a maternal de	eath?	
Type of Termination Procedures												
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurg	gical)	Mifepristone			☐ Medical	(Nonsu	rgical) N	// difepristone				
☐ Medical (Nonsurg ☐ Medical (Nonsurg	gical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
Wedicar (1vonsurg	gicai,	Office (Specify)			Wiedicar	(140Hsu	igicai) C	оты (Бресі)	<i>y)</i>			
	l) M	enstrual Aspiration			☐ Medical	(Surgic	al) Mens	on Curettag strual Aspira				
☐ Medical (Surgical	l) Ot	her (Specify)			☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical)	) pro	cedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable ☐ Yes ■		we a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	n wa	s answered yes, comple	ete the following ques	tions.	If the previou	s questi	ion was a	nswered yes	, complete tl	ne follow	ing questions.	
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?		Was the fet	us giver Yes [		opportunity	to survive?			
		termination that the pr									n had a conditio	
that required the proc woman?	cedui	e to avert death or seri	ous impairment to the	pregnant	that require woman?	d the pr	ocedure t	o avert deat	h or serious i	mpairme	ent to the pregna	ınt
Date last normal mens		~	Physi	cian estima	te of gestation (i	n weeks	s)	Post fer	ilization age		etus (in weeks)	
How were the gestation		NKNOWN ge and post fertilization	n age determined?		13					11		
ULTRASOUND												
Full name of physician DR. CASANDRA CA	-	-										
Address of physician p		-		tate, and zij	p code)							
8590 GEORGETOW	N K	JAU, INDIANAPOLI	5, IN 40268									
**Date Reported to	DC	S, if Patient under 1	6 (month, day, year):									

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/05/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy termina	County of pregnar	ncy termination ARION			
27	nrried	Date of pregnancy term <b>05/04/20</b>		Educat	tion		ociate Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Blac White Othe		ın American	Unknov	wn Not	y vanic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	1			Number n	ow deceased	0			
Other Terminations:	Number of spontaneou	s terminations 0			Number of induced terminations 0					
Dates of terminations (De		*								
Fetus delivered alive?  Yes No	If yes, length of tin	a ne fetus survived:	4	l			cation(s) of Pregnan			
Fetus viable?  Yes No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products ☐ Other (Specify)						
Pathological examination performed?  Yes No	If yes, results:	d this terminati Yes • N		ult in a maternal death?						
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgic     Medical (Nonsurgic     Medical (Nonsurgic	al) Mifepristone al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization lo	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No						
If the previous question v	was answered yes, compl	ete the following questio	ons.	If the previou	s question v	vas answered y	ves, complete the followers	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the Yes \[ \] N	best opportuni o	ity to survive?			
		egnant woman had a con ous impairment to the pr						man had a condition rment to the pregnant		
Date last normal menses	-	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)		
How were the gestational	03/02/2018  I age and post fertilization	n age determined?		8			6			
ULTRASOUND										
Full name of physician p	HMAN									
Address of physician per 8590 GEORGETOWN	-		te, and zip	code)						
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  Cit					own, of pregna	ncy terminati	on	County of pregnancy termination MARION		
Patient's age**	Marrie	1	Date of pregnancy term	nination	Educat	ion				
39		Yes No	05/04/20					Unknown		
Race American Indian Native Hawaiian Live Births:	n or Other		Asian Blac Othe		n American	Unknow Number no	n 🔳 Not I	y anic or Latino Hispanic or Latino Unknown  0		
Other Termination	ns: Nu	umber of spontaneou	us terminations 0			Number of	induced termi	nations 0		
Dates of termination	ns (Do no		ation. If more than six (6				_			
Fetus delivered alive  Yes  Fetus viable?		If yes, length of ti		4	•		Complic  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration		
☐ Yes ■								☐ Retained Products		
Pathological examir performed?	nation	If yes, results:								
I *								on of pregnancy result in a maternal death?		
Type of Termination Procedures										
Type of Termination Procedures  Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsi										
☐ Medical (Surgi	■ Medical (Surgical) Suction Curettage □ Medical (Surgical) Menstrual Aspiration □ Medical (Surgical) Other (Specify)						uction Curetta Ienstrual Aspi ther (Specify)			
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) pro	cedures, answ	ver the following question.		
	ole or have	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was a	answered yes, comp	lete the following question	ons.	If the previou	s question wa	as answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			is given the b	est opportuni	ty to survive?		
			regnant woman had a cor ious impairment to the pi					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal me	enses hea	nn	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	03/3	30/2018		Sommate	11		1 031 10	9		
How were the gestar ULTRASOUND	tional age	and post fertilization	on age determined?							
Full name of physic DR. CASANDRA (										
	n perform	ning termination (nu	mber and street, city, states	te, and zip o	code)					
**Date Reported	to DCS,	if Patient under 1	6 (month, day, year):					-		
DATE RECEIVI	ED BY I	SDH (month, day,	year): 05/14/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	ility Name and Address GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  INDIANA									
	ancy termination 05/09/2018	Educa		High School	Diploma or GEI	)				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	Black or Afric	an American	Unknown		c or Latino panic or Latino	☐ Unknown				
Live Births: Number now living 0			Number now		0					
Other Terminations: Number of spontaneous terminations 0			Number of induced terminations 0							
Dates of terminations (Do not include this termination. If more to	han six (6), those mo	ost recent.)	5.		6					
Fetus delivered alive? If yes, length of time fetus surviv	ed:			Complicat	ion(s) of Pregnancy	Termination				
☐ Yes ■ No			■	None	☐ Uterin	e Perforation				
Estra vichla? If vichla madical reason for tarming			Hemorrhage	☐ Cervic	al Laceration					
Fetus viable?  If viable, medical reason for term  Yes No	ination:			Infection	☐ Retain	ed Products				
				Other (Specify	·)					
Pathological examination If yes, results:										
performed? ☐ Yes ■ No	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No									
	Type of Termin	nation Procedur	res							
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Preg	nancy					
Medical (Nonsurgical) Mifepristone			(Nonsurgical)							
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		)					
Medical (Surgical) Suction Curettage			(Surgical) Suct	tion Curettage						
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Mer (Surgical) Other	strual Aspirat						
Medical (Surgical) Office (Specify)		Wiedicar	(Surgicar) Our	ы (эресіуу)						
		For Medical (Surgical) procedures, answer the following question.								
For Medical (Surgical) procedures, answer the following question										
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes,	complete the follow	wing questions.				
Was the fetus given the best opportunity to survive?			us given the bes	t opportunity	to survive?					
☐ Yes ☐ No		_	Yes No							
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen					the pregnant wom or serious impairm	an had a condition ent to the pregnant				
woman?		woman?								
	L mu · ·			T-						
Date last normal menses began  UNKNOWN	Physician estimate	e of gestation (i <b>8</b>	n weeks)	Post ferti	lization age of the f	tetus (in weeks)				
How were the gestational age and post fertilization age determin	ed?									
ULTASOUND										
Full name of physician performing termination										
DR. CASANDRA CASHMAN										
Address of physician performing termination (number and street 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	t, city, state, and zip	code)								
.,,										
**Date Reported to DCS, if Patient under 16 (month, day,	year):									
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add	8590 GEORGETOWN ROAD	City or	City or town, of pregnancy termination INDIANAPOLIS						termination		
Patient's age**	Marri	ed □ Yes <b>■</b> No	Date of pregnancy t		Educa	tion		Qth C	ade or Les		
Race American Indian of Native Hawaiian of	r Ala	ska Native [	Asian 1		can American	□IJn	known	Ethnicity  Hispan	ic or Latino spanic or La		
Live Births:		Number now living	2	<u> </u>		_	er now d		0		
Other Terminations:	1	Number of spontaneou				Numb	er of ind	uced termin			
Dates of terminations (	Do n	ot include this termina	tion. If more than si	x (6), those n	nost recent.)				0		
1		2			4		5				
Fetus delivered alive?  Yes No	)	If yes, length of tin	ne fetus survived:					Complica	tion(s) of Pro	egnancy	Termination
								None		Uterine	Perforation
Fetus viable?			☐ I	Hemorrhage		Cervica	l Laceration				
Fetus viable?								nfection		Retaine	d Products
								Other (Speci	fy)		
Pathological examination If yes, results:											
performed?									of pregnand	cy result	in a maternal death?
Type of Termination Procedures											
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurg											
☐ Medical (Nonsurg	gical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
☐ Medical (Nonsurg	gicai)	Other ( <i>specify</i> )			Medical	(INOIISU	rgicai) C	ottiei ( <i>specij</i>	у)		
Medical (Surgical Medical (Surgical		ction Curettage enstrual Aspiration						on Curettag strual Aspira			
Medical (Surgical								r (Specify)			
For Medical (Surgical)	proc	edures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						ion.
		ve a post fertilization a	nge at least 20 weeks	s?	Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes If the previous question		s answered yes, comple	ete the following que	estions.		res □ s questi		nswered yes	, complete th	ne follow	ving questions.
Was the fetus given t		est opportunity to survi	ve?		Was the fett	us given Yes [		opportunity	to survive?		
What was the basis for	or de	termination that the pro	egnant woman had a	condition	What was th	ne basis	for deter	mination th	at the pregna	nt woma	n had a condition
		e to avert death or serie									ent to the pregnant
Date last normal mense		gan s/10/2018	Phy	sician estima	te of gestation (i	n weeks	5)	Post fer	ilization age	of the fe	etus (in weeks)
How were the gestation			n age determined?		•						
ULTRASOUND											
Full name of physician DR. CASANDRA CA	SHN	IAN									
Address of physician p 8590 GEORGETOWN		=		state, and zip	p code)						
220.0210		,									
**Date Reported to	DC	S, if Patient under 1	6 (month, day, year)	:							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		), INDIANAPOLIS, IN, 46268	City or t	own, of pregna	ncy termina	ition	County of pregnancy termination MARION			
Patient's age** Ma	nrried  Yes No	Date of pregnancy term <b>05/02/20</b> 2		Educat	cion	High Scho	ool Diploma or GED			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe		nn American	Unkno	wn Not	y vanic or Latino Hispanic or Latino			
Live Births:	Number now living	2				ow deceased	0			
Other Terminations:	Number of spontaneou	s terminations 0			Number o	f induced term	inations 0			
Dates of terminations (De		•								
Fetus delivered alive?  Yes No	If yes, length of tir			l			cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration			
Fetus viable?  Yes No	If viable, medical i	reason for termination:		☐ Infection ☐ Retained Products ☐ Other (Specify)						
Pathological examination performed?  Yes No Did this termination of pregnancy result in a maternal Yes No										
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Mifepristone al) Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration									
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v Was the fetus given the	was answered yes, complete best opportunity to surviv		ons.	•	•	vas answered y best opportuni	res, complete the following questions.			
☐ Yes ☐ N					es □ N		•			
	determination that the pr lure to avert death or seri						that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal menses	-	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestational	02/20/2018	n age determined?		9			7			
ULTRASOUND	i age and post tettiiizatio	n age uetermineu?								
Full name of physician p	-									
Address of physician per 8590 GEORGETOWN	-		te, and zip	code)						
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy terminatio	n	County of pregnancy MAR			
23	rried No	Date of pregnancy term 05/09/201		Educat	tion		ter's Degree			
Race American Indian or A Native Hawaiian or C	other Pacific Islander	☐ Asian ☐ Blacl ■ White ☐ Othe		n American	Unknown	■ Not H	nic or Latino Iispanic or Latino	Unknown		
Live Births:	Number now living	0			Number now		0			
Other Terminations:	Number of spontaneous	s terminations 0			Number of in	iduced termin	nations 0			
Dates of terminations (De		• • • • • • • • • • • • • • • • • • • •								
Fetus delivered alive?  Yes No	If yes, length of tin		4	•			ation(s) of Pregnancy			
Fetus viable?  Yes No	If viable, medical r	eason for termination:		☐ Infection ☐ Retained Products						
Pathological examination performed?  Yes No  Did this termination of pregnancy result in a maternal of Yes No										
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical Medical Medic	al) Mifepristone al) Misoprostol									
Medical (Surgical)  Medical (Surgical)  Medical (Surgical)	Menstrual Aspiration									
For Medical (Surgical) pr	rocedures, answer the foll	lowing question.		For Medical (Surgical) procedures, answer the following question.						
☐ Yes ■ N				Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v Was the fetus given the	vas answered yes, comple best opportunity to survi		ns.	•	s question was as given the be	•	s, complete the follows y to survive?	ing questions.		
☐ Yes ☐ N					les □ No		,			
	determination that the pro lure to avert death or serio						nat the pregnant woman th or serious impairme			
Date last normal menses	-	Physicia	nn estimate	of gestation (i	n weeks)	Post fer	rtilization age of the fe	tus (in weeks)		
How were the gestational	03/15/2018 age and post fertilization	n age determined?		6			4			
ULTASOUND										
Full name of physician po	-									
Address of physician per 8590 GEORGETOWN	-		e, and zip o	code)						
**Date Reported to D	CS, if Patient under 10	6 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City or t	own, of pregna	ncy termination	on	County of pregnancy termination MARION				
Patient's age**		,	Date of pregnancy term	nination	Educat	ion						
27	Married	Yes No	05/02/20		Educai	ion	Some C	ollege, No Degree				
Race American Indian Native Hawaiian Live Births:	n or Other		Asian Blac White Othe		an American	Unknown	Not	y anic or Latino Hispanic or Latino				
Other Termination	ns: Nu	mber of spontaneou				Number of i	nduced term					
Dates of termination	ns (Do not		ation. If more than six (6									
Fetus delivered alive		If yes, length of ti			4	5.	Compli None Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Ge Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:			☐ Infection ☐ Retained Products ☐ Other (Specify)						
Pathological examin performed?	rmed?							Did this termination of pregnancy result in a maternal death?				
Type of Termination Procedures												
D 1 2 2				n · · · =								
Procedure that Term  Medical (Nonsi Medical (Nonsi Medical (Nonsi			Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
☐ Medical (Surgion												
For Medical (Surgic	cal) proced	lures, answer the fo	llowing question.		For Medical (	Surgical) prod	cedures, ansv	ver the following question.				
Was the fetus viab ☐ Yes [		a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was a	nswered yes, comp	lete the following question	ons.	If the previou	s question was	s answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [		opportunity to surv	rive?			is given the bo	est opportuni	ty to survive?				
			regnant woman had a cor ious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant				
Detailed a server large			DI				D4 £	dilination of the fator (in the late)				
Date last normal me	02/2	5/2018		an esumate	e of gestation (i	weeks)	rost Io	ertilization age of the fetus (in weeks) 7				
How were the gestal ULTRASOUND	tional age	and post fertilization	on age determined?									
Full name of physic DR. CASANDRA (												
Address of physicia 8590 GEORGETO	•		mber and street, city, stat IS, IN 46268	te, and zip	code)							
_			6 (month, day, year):					_				
DATE RECEIVI	ED BY IS	SDH (month, day,	<i>year</i> ):					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

		, INDIANAPOLIS, IN, 46268	City or tov		•		Co	Facility Name and Address PIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION										
	arried	Date of pregnancy term		Educa	tion		NIL 401	No Diplom										
Race American Indian or A			ck or African	American		Et	thnicity Hispanic											
Native Hawaiian or C Live Births:	Other Pacific Islander     Number now living	☐ White ☐ Othe	er			known er now decea		anic or Latino Unknown										
	Number of spontaneou	<b>0</b> s terminations			Numb	er of induced	d termination	ons										
Other Terminations:  Dates of terminations (D		0	() those most	recent )				0										
1	2	3	4			5		6										
Fetus delivered alive?	If yes, length of tir	ne fetus survived:				С	Complication	on(s) of Pregnancy Termination										
☐ Yes ■ No						■ None	e	☐ Uterine Perforation										
Fetus viable?	If viable medical :	eason for termination:				☐ Hem	orrhage	☐ Cervical Laceration										
Yes No	ii viable, illedical i	eason for termination.				☐ Infec	ction	☐ Retained Products										
		☐ Othe	er (Specify)															
Pathological examination  If yes, results:																		
performed?  Yes No						D: 44-:- 4		£1149										
l les l No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No															
Type of Termination Procedures																		
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy																		
Medical (Nonsurgic	al) Mifepristone			☐ Medical	(Nonsu	rgical) Mife <sub>l</sub>	pristone											
<ul><li>Medical (Nonsurgic</li></ul>	al) Misoprostol		1 =	Medical	(Nonsu	rgical) Miso	prostol											
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)																		
☐ Medical (Surgical) ☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration		] [			<ul><li>al) Suction C</li><li>al) Menstrua</li></ul>		on										
Medical (Surgical)			]	Medical	(Surgic	al) Other (Sp	pecify)											
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.														
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No														
If the previous question v	was answered yes, comple	ete the following question	ons. I	f the previou	s guesti	on was answ	ered ves, c	complete the following questions.										
	best opportunity to survi			•	•	the best opp	•											
Yes N		ive:			Yes [		ortunity to	survive:										
	determination that the pr							the pregnant woman had a condition										
that required the proceed woman?	dure to avert death or seri	ous impairment to the p	regnant	that required woman?	d the pro	ocedure to av	ert death o	or serious impairment to the pregnant										
Date last normal menses	began	Physici	an estimate o	f gestation (i	n weeks	s) 1	Post fertili	zation age of the fetus (in weeks)										
	04/19/2018			8				6										
How were the gestational ULTRASOUND	I age and post fertilization	n age determined?																
Full name of physician p	erforming termination																	
DR. CASANDRA CASI	HMAN																	
Address of physician per 8590 GEORGETOWN	-		te, and zip co	ode)														
	,	_,																
**Date Reported to D	CS, if Patient under 1	6 (month. day year).																
-	**Date Reported to DCS, if Patient under 16 (month, day, year):																	
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018																		

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City or	ty or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Dotication date	1 _		Data of an	i + *		41					
Patient's age** 25	Marrie [	d ☐ Yes ■ No	Date of pregnancy term 05/04/20		Educa	tion	High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ Asian ☐ Bla ☐ White ☐ Ott		an American			y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou				Numb	per of induced termi	nations 0			
	ns (Do no	t include this termin	ation. If more than six (	6), those m	ost recent.)						
1. UNKNOWN	2		3		4		5	cation(s) of Pregnancy Termination			
Fetus delivered alive		if yes, length of ti	me fetus survived:				None	Uterine Perforation			
								_			
Fetus viable?	·							e Cervical Laceration			
☐ Yes ■	No						☐ Infection	Retained Products			
							Other (Spec	cify)			
Pathological examin performed?	nation	If yes, results:									
☐ Yes ■	No						Did this terminati  Yes N	on of pregnancy result in a maternal death?			
								0			
Type of Termination Procedures											
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure	e that Terminated P	regnancy			
☐ Medical (Nonst							rgical) Mifepriston				
Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec				
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgio	cai) Otn	er ( <i>Specify</i> )			Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following quest	ions.	If the previou	ıs questi	ion was answered y	es, complete the following questions.			
Was the fetus give	n the bes	t opportunity to surv	vive?		Was the fet	us giver	n the best opportuni	ty to survive?			
☐ Yes [	☐ No					Yes [	No				
			regnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?	F-					
					1						
Date last normal me	_		Physic	ian estimat	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		KNOWN e and post fertilization	on age determined?		12			10			
ULTRASOUND		•									
Full name of physic											
			mber and street, city, st	ate, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
distant.	. =										
•			6 (month, day, year): _					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				of pregna	ncy term		County of pregnancy termination MARION			
Dationt's **	T	Data of	inatia-	17.1						
Patient's age**  18	Married ☐ Yes ■ No	Date of pregnancy term <b>05/04/20</b>		Educat	tion	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blace White Other	k or African Ar	merican	Unk		anic or Latino Hispanic or Latino			
Other Termination	Number of spontane				Numbe	er of induced termi	-			
Dates of termination	as (Do not include this term		), those most red	cent.)			· ·			
1	1	3	4		1	5	cation(s) of Pregnancy Termination			
Fetus delivered alive	, , ,	time fetus survived:								
				None	Uterine Perforation					
Fetus viable?	,	l reason for termination:		☐ Hemorrhag						
☐ Yes ■	No					Infection	Retained Products			
						Other (Spec	cify)			
Pathological examin performed?	ation If yes, results:									
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?			
							0			
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy		Add	ditional Pr	ocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone					gical) Mifepriston				
	argical) Misoprostol argical) Other (Specify)					gical) Misoprostol gical) Other (Spec				
Medical (Surgional Control of the Control of t	cal) Suction Curettage		_	Medical	(Surgica	l) Suction Curetta	ge.			
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgica	Menstrual Aspi    Other (Specify)				
iviedicai (Surgio	cai) Other (Specify)			Medicai	(Surgica	i) Oulei ( <i>specify)</i>				
			_							
	al) procedures, answer the f	• 1		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [	le or have a post fertilizatio  No	n age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, com	plete the following question	ons. If th	ne previou	s questic	on was answered ye	es, complete the following questions.			
Was the fetus give	n the best opportunity to su	rvive?	w	as the fetu	us given	the best opportuni	ty to survive?			
☐ Yes [					res 🗌					
	s for determination that the rocedure to avert death or so						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	roccurre to avert death of so	orious impuniment to the pr		oman?	a the pro	codure to avert det	an or serious impairment to the pregnant			
Date last normal me		Physicia	an estimate of g		n weeks)	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat	03/04/2018 tional age and post fertilizat	ion age determined?		6			4			
ULTRASOUND										
Full name of physics DR. CASANDRA C	ian performing termination CASHMAN									
Address of physician	n performing termination (n	•	te, and zip code	)						
8590 GEORGETO	WN ROAD, INDIANAPO	LIS, IN 46268								
**Dota Da	to DCS if Doting 1	16 (month 1								
•	to DCS, if Patient under						-			
DATE RECEIVE	ED BY ISDH (month, day	y, year):					_			

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Facility Name and A	City or to	own, of pregna	•		County of pregnancy termination  MARION					
Dationt's cook*	T	Data of mucanon avi tame	vination.	Edwar	tion		1			
Patient's age** 35	Married ☐ Yes ■ No	Date of pregnancy term 05/09/20		Educa	tion	High Scho	ool Diploma or GED			
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ■ Other		ın American			y anic or Latino Hispanic or Latino			
Live Births:	Number of spontaneous	4				per of induced termi	0			
Other Termination	15.	0			Nullio	ber of induced term	1			
Dates of termination 2016	ns (Do not include this termin	ation. If more than six (6		st recent.)		5	6			
Fetus delivered alive		me fetus survived:		*			cation(s) of Pregnancy Termination			
☐ Yes ■						■ None	☐ Uterine Perforation			
				☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:								
☐ Yes ■	INO									
				Other (Specify)						
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death						
					☐ Yes ■ N	0				
		Туре	of Termin	ation Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nons)	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne			
Medical (Nons)	urgical) Misoprostol urgical) Other (Specify)			■ Medical	(Nonsu	rgical) Misoprosto	1			
I Wedlear (Trons	urgicur) Other (Specify)									
	cal) Suction Curettage cal) Menstrual Aspiration					al) Suction Curetta al) Menstrual Aspi				
	cal) Other (Specify)			Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questic	nns	If the previous question was answered yes, complete the following questions.						
	•			•	•	the best opportuni				
Was the fetus give  ☐ Yes [	en the best opportunity to surv  No	/ive:			Yes [		ty to survive?			
	s for determination that the p						hat the pregnant woman had a condition			
that required the p woman?	rocedure to avert death or ser	ious impairment to the pr	regnant	that require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n week	y) Post fe	ertilization age of the fetus (in weeks)			
	03/13/2018			9	rrccn.	103110	7			
How were the gesta	tional age and post fertilization	on age determined?								
Full name of physic	ian performing termination									
DR. CASANDRA										
	n performing termination (nu WN ROAD, INDIANAPOL		te, and zip	code)						
220.0270	,									
**Date Reported	to DCS, if Patient under	6 (month day year):								
-							_			
DATE RECEIVI	OATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	Cacility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION									
Patient's age** Ma	urried D	ate of pregnancy termin	nation	Educa				- '		
25	Yes No	05/04/2018				Hi		ol Diploma or GED		
Race American Indian or A Native Hawaiian or C	Alaska Native Other Pacific Islander	Asian Black White Other	or African A	American	☐ Un	known		inic or Latino  Iispanic or Latino   Unknown		
Live Births:	Number now living	1			Numb	er now de	eceased	0		
Other Terminations:	Number of spontaneous t	0			Numb	er of indu	iced termir	nations 0		
Dates of terminations (De	o not include this termination	on. If more than six (6),	those most i	recent.)						
Fetus delivered alive?	If yes, length of time	fetus survived:	4			5	Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No						■ N	lone	☐ Uterine Perforation		
						□н	Iemorrhage	e Cervical Laceration		
Fetus viable?  ☐ Yes ■ No	If viable, medical rea	son for termination:					nfection	Retained Products		
							other (Spec	_		
Pathological examination	Pathological examination If yes, results:							gy)		
performed?	i jes, iesaus.							<del></del>		
Yes ■ No Did this termination of Yes ■ No							on of pregnancy result in a maternal death?			
		Type o	of Terminati	on Procedu	es					
Procedure that Terminate	ed Pregnancy		A	dditional Pr	ocedure	that Terr	ninated Pr	egnancy		
Medical (Nonsurgical)	al) Mifepristone			] Medical	(Nonsu	rgical) M	lifepristone	e		
<ul><li>Medical (Nonsurgical Medical Med</li></ul>	al) Misoprostol			Medical	(Nonsu	rgical) M	lisoprostol			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgic	al) Mensi	trual Aspir			
☐ Medical (Surgical) (	Other (Specify)			] Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgical) pr	rocedures, answer the follow	wing question.	Fo	or Medical (	Surgica	ıl) procedı	ures, answ	er the following question.		
Was the fetus viable or Yes N	have a post fertilization ago lo	e at least 20 weeks?	,	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete	the following questions	s. If	the previou	s questi	ion was ar	nswered ye	es, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive	?	,		ıs giver Yes [		opportunit	y to survive?		
What was the basis for	determination that the preg	nant woman had a condi	ition	What was th	ne basis	for deterr	mination th	nat the pregnant woman had a condition		
	lure to avert death or seriou		gnant					th or serious impairment to the pregnant		
woman.				woman.						
Date last normal menses	began	Physician	estimate of	gestation (i	n weeks	s)	Post fer	rtilization age of the fetus (in weeks)		
	03/12/2018	•		7				5		
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization a	ge determined?								
<u> </u>										
Full name of physician po	erforming termination									
DR. CASANDRA CASH	HMAN									
	forming termination (numb ROAD, INDIANAPOLIS,		and zip cod	le)						
**Date Reported to D	CS, if Patient under 16	(month, day, year):						-		
DATE RECEIVED B	BY ISDH (month, day, yed	ur):05/14/2018						-		

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			wn, of pregna	•		County of pregnancy termination MARION		
	T			T					
Patient's age** 28	Married Yes No	Date of pregnancy term 05/04/201		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		n American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	2			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 1		
Dates of termination	ns (Do not include this termin			st recent.)					
Fetus delivered alive	T	me fetus survived:	4.			5	cation(s) of Pregnancy Termination		
Yes •	J,	me retus sur viveu.				■ None	Uterine Perforation		
						☐ Hemorrhag	_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:					_		
☐ Yes ■ No						☐ Infection	Retained Products		
D.d. 1 . 1	Pathological examination If yes, results:						ify)		
performed?	iation ii yes, resuits:								
☐ Yes ■ No						Did this termination  ☐ Yes  No.	on of pregnancy result in a maternal death?		
		Туре	of Termina	ation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)		
Incuted (Communication) Control (opecity)									
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage									
☐ Medical (Surgi	cal) Menstrual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.			_	_	er the following question.		
Was the fetus viab ☐ Yes	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?		
	s for determination that the p	regnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition		
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
woman :				woman?					
Date last normal me	enses began	Physicia	n estimate	of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)		
	03/12/2018			7		, Tost IC	5		
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?							
JEINAGOUND									
Full name of physic	ian performing termination								
DR. CASANDRA	CASHMAN	1		7.					
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip c	oae)					
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	ED BY ISDH (month, day,	year):05/14/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDIANAPOLIS  City or town, of pregnancy termination INDIANAPOLIS  MARION										
	arrea	Date of pregnancy termi	nation	Educat						
<b>20</b> Race	☐ Yes ■ No	05/04/201	8			Hi	gh School Ethnicity	ol Diploma or GED		
☐ American Indian or A☐ Native Hawaiian or C	Alaska Native Other Pacific Islander	Asian Black White Other	or African	American	☐ Un	known		nic or Latino Iispanic or Latino  Unknown		
Live Births:	Number now living	1				er now de		0		
Other Terminations:	Number of spontaneous	0			Numb	er of indu	iced termin	nations 0		
Dates of terminations (De	o not include this terminat	tion. If more than six (6),	, those mos	t recent.)		-		,		
Fetus delivered alive?	If yes, length of time	e fetus survived:	4.			5	Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No						■ N	lone	Uterine Perforation		
						□ н	lemorrhage	e Cervical Laceration		
Fetus viable?  Yes No	If viable, medical re	eason for termination:				☐ In	nfection	☐ Retained Products		
						_ П 0	ther (Spec	ify)		
Pathological examination	Pathological examination							957		
performed?  Yes No						Did this	tomninotio	an of amountary morals in a maternal death?		
103 🗀 100						Yes		on of pregnancy result in a maternal death?		
		Type	of Termina	tion Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Tern	ninated Pr	egnancy		
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Med							lifepristone			
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			<ul><li>  Medical</li><li>  Medical</li></ul>	(Surgic (Surgic	al) Menst al) Other	trual Aspir (Specify)	ration		
For Medical (Surgical) pr	rocedures, answer the follo	owing question.		For Medical (	Surgica	ıl) procedı	ures, answ	er the following question.		
	have a post fertilization as			Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ■ N		g		Yes No						
If the previous question v	was answered yes, complete	te the following question	ns.	If the previou	s questi	ion was an	iswered ye	s, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surviv	ve?			ıs giver 'es   [		opportunit	y to survive?		
	determination that the pre	anent women had a conc	lition	_	_	_	mination th	nat the pregnant woman had a condition		
that required the proceed	determination that the pre- lure to avert death or serio			that required				th or serious impairment to the pregnant		
woman?				woman?						
Date last normal menses	began	Physicia	n estimate o	of gestation (i	n weeks	5)	Post fer	rtilization age of the fetus (in weeks)		
I	UNKNOWN	•		8		- /		6		
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization	age determined?								
<u> </u>										
Full name of physician po	erforming termination									
DR. CASANDRA CASI	HMAN forming termination (num	han and atmost aits at at	d -in .	ada)						
	ROAD, INDIANAPOLIS		e, ana zip co	oae)						
-	CS, if Patient under 16									
DATE RECEIVED B	BY ISDH (month, day, ye	ear):05/14/2018						-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		), INDIANAPOLIS, IN, 46268	City or tow	or town, of pregnancy termination County of p INDIANAPOLIS					termination	
Patient's age** Ma	arried Yes • No	Date of pregnancy terms 05/04/201		Educat	tion	High	School D	iploma or GED		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blacl ■ White ☐ Other	k or African a	American	Unkn	nown		or Latino nic or Latino	Unknown	
Live Births:	Number now living	2				now decea		0		
Other Terminations:	Number of spontaneou	0			Number	of induced	d termination	ns O		
Dates of terminations (De		*								
Fetus delivered alive?  Yes No	If yes, length of tir		4			None	Complication	u(s) of Pregnancy Uterine		
Fetus viable?  Yes No	If viable, medical i	eason for termination:				☐ Infed	etion er (Specify)		d Products	
Pathological examination performed?  Yes • No	If yes, results:					Did this ter ☐ Yes	mination of  No	pregnancy result	in a maternal death?	
		Туре	of Terminati	on Procedur	res					
Procedure that Terminate	ed Pregnancy		A	dditional Pr	ocedure t	hat Termin	ated Pregna	ncy		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol						edical (Nonsurgical) Mifepristone edical (Nonsurgical) Misoprostol edical (Nonsurgical) Other (Specify)				
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	) Suction ( ) Menstrua ) Other (Sp	al Aspiration	1		
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		or Medical (	(Surgical)	procedure	s, answer the	e following questi	on.	
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?			us viable o Yes 🔲		ost fertilizat	ion age at least 20	) weeks?	
If the previous question v		• •		•	•		•	omplete the follow	ring questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survivo	ive?			us given ti Yes		portunity to	survive?		
	determination that the pr lure to avert death or seri		egnant					ne pregnant woma serious impairme	n had a condition ent to the pregnant	
Date last normal menses	-	Physicia	n estimate of	-	n weeks)		Post fertiliza	ation age of the fe	etus (in weeks)	
How were the gestational	UNKNOWN  I age and post fertilization	n age determined?		13				11		
ULTRASOUND										
Full name of physician p	HMAN									
Address of physician per 8590 GEORGETOWN	-		e, and zip cod	de)						
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	or town, of pregnancy termination INDIANAPOLIS County of pregnancy term MARION						
Patient's age**  20	urried	Date of pregnancy termion 05/04/201		Educat	tion	Hig	h School D	iploma or G	ED	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Other		n American	Unkr	nown		or Latino anic or Latino	☐ Unknown	
Live Births:	Number now living	1				r now dec		0		
Other Terminations:	Number of spontaneou	s terminations 0			Number	ber of induced terminations				
Dates of terminations (De		* .								
Fetus delivered alive?  Yes No	If yes, length of tin	ne fetus survived:	4.			■ No	Complication ne	n(s) of Pregnar	ncy Termination	
Fetus viable?  Yes No	If viable, medical r	reason for termination:					morrhage ection ner (Specify)		vical Laceration	
Pathological examination performed?  Yes No	If yes, results:					Did this to ☐ Yes	ermination of  No	f pregnancy res	sult in a maternal death?	
		Туре	of Termina	ntion Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure t	that Termi	inated Pregna	ancy		
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical)						Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			■ Medical	(Surgical	Suction Menstra Other	Curettage ual Aspiratio Specify)	n		
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (	(Surgical)	procedur	res, answer th	ne following qu	uestion.	
Was the fetus viable or Yes N	have a post fertilization a	age at least 20 weeks?			us viable d Yes 🔲		post fertiliza	tion age at leas	st 20 weeks?	
If the previous question v	was answered yes, comple	ete the following question	ns.	If the previou	s question	n was ans	wered yes, co	omplete the fol	llowing questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survivo	ive?			us given t Yes 🏻		oportunity to	survive?		
		egnant woman had a conc ous impairment to the pro							oman had a condition irment to the pregnant	
Date last normal menses	began	Physicia	n estimate	of gestation (i	n weeks)		Post fertiliz	ation age of th	ne fetus (in weeks)	
How were the gestational	03/14/2018  I age and post fertilization	n age determined?		7				5		
ULTRASOUND	G F 222 - 2500124000	<i>G</i>								
Full name of physician p	-									
Address of physician per 8590 GEORGETOWN	-		e, and zip c	ode)						
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR (I		S 8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46268	City or	town, of pregna	•		County of pregnancy termination MARION	
Patient's age**	Mar		Date of pregnancy ter		Educa	tion		link Calla	I Dinlama at CED
Race American Indian Native Hawaiian			05/04/20  ☐ Asian	ack or Afri	can American		known	Ethnicity  Hispan	ic or Latino
Live Births:	01 01	Number now living	<u> </u>	ilei		_	er now d		O CHKHOWII
Other Terminations	;:	Number of spontaneou				Numb	er of indu	uced termina	
	(Do	not include this termino		**	*				2
ı. <b>2015</b>		ı	3		4		5	Complicat	tion(s) of Pregnancy Termination
Fetus delivered alive		If yes, length of tir	ne fetus survived:				<b>■</b> 1	•	<u> </u>
								None	Uterine Perforation
Fetus viable?		If viable, medical i	reason for termination:					Hemorrhage	Cervical Laceration
☐ Yes ■ N	No						∐ I	nfection	Retained Products
								Other (Specif	ý)
Pathological examina performed?	ition	If yes, results:							
☐ Yes ■ N	No						Did this		of pregnancy result in a maternal death
								<u> </u>	
			Tyr	ne of Term	ination Procedur	·es			
Duo and was that Tamai	motod	Duagnamay	17,	oc or Term			that Tam	main at ad Dua	
Procedure that Termi					Additional Pr				gnancy
Medical (Nonsur Medical (Nonsur	rgical	) Misoprostol			■ Medical	(Nonsu	rgical) N	Mifepristone Misoprostol	
Medical (Nonsur	rgical	) Other (Specify)			☐ Medical	(Nonsu	rgical) C	Other (Specif	y)
Medical (Surgical Medical (Surgical Medical (Surgical )		uction Curettage lenstrual Aspiration						on Curettage strual Aspira	
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical								r (Specify)	HOH
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question.		For Medical (	Surgica	ıl) proced	lures, answer	r the following question.
Was the fetus viable	e or h	ave a post fertilization a	age at least 20 weeks?		Was the fet	ıs viabl	e or have	a post fertil	ization age at least 20 weeks?
☐ Yes ■			<i>g</i> ,			Yes [		. · ·	
If the previous questi	on wa	as answered yes, comple	ete the following quest	ions.	If the previou	s questi	ion was a	nswered yes	, complete the following questions.
Was the fetus given ☐ Yes ☐	_	est opportunity to survi	ve?			us giver Yes [		opportunity	to survive?
		etermination that the pr							at the pregnant woman had a condition
that required the pro- woman?	ocedu	re to avert death or seri	ous impairment to the j	pregnant	woman?	d the pr	ocedure t	o avert death	n or serious impairment to the pregnant
Date last normal men	ises b	egan	Physic	cian estima	te of gestation (i	n weeks	5)	Post fert	ilization age of the fetus (in weeks)
**		2/06/2018	1		10				8
How were the gestati <b>ULTRASOUND</b>	onal	age and post fertilization	age determined?						
Full name of physicia	_	-							
Address of physician		MAN orming termination (num	nher and street city st	ate and zi	n code)				
= -	_	OAD, INDIANAPOLI		ыс, ини 41 <u>1</u>	,				
**Date Reported to	o DC	CS, if Patient under 1	6 (month, day, year): _						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pr INI					County of pregnancy termination  ANAPOLIS  MARION						
Patient's age**	Marrie	ed.	Date of pregnancy term	nination	Educa	ion						
28		Yes No	05/04/20					ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Blace Other		an American	Unknown Number now	Not I deceased	anic or Latino Hispanic or Latino				
Other Termination	ns:	Tumber of spontaneou	us terminations 1			Number of in	duced termi	nations 4				
Dates of termination 2013		ot include this termin 2 <b>2014</b>	ation. If more than six (6		ost recent.) 4. <b>2016</b>	5	2009	6				
Fetus delivered alive			me fetus survived:		4			cation(s) of Pregnancy Termination				
☐ Yes ■	No						None	☐ Uterine Perforation				
F		TC : 11 1: 1	· · · · ·				Hemorrhag	ge Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	☐ Retained Products				
							Other (Spec	cify)				
	Pathological examination If yes, results:											
performed?	No					Did this termination of pregnancy result in a maternal death?						
						☐ Y						
	Type of Termination Procedure											
Procedure that Term	ninated F	Pregnancy			Additional Pr	ocedure that Te	erminated Pr	regnancy				
Medical (Nonsi						(Nonsurgical)						
						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica		tion Curettage				(Surgical) Suc (Surgical) Mer						
Medical (Surgio						(Surgical) Oth		ration				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) proce	edures, answ	ver the following question.				
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?			as viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was	answered y	es, complete the following questions.				
Was the fetus give		st opportunity to surv	vive?			is given the bes	st opportuni	ty to survive?				
What was the basi	s for det	ermination that the p	regnant woman had a coi	ndition	_	_	ermination t	hat the pregnant woman had a condition				
			ious impairment to the p					ath or serious impairment to the pregnant				
woman.					woman:							
Date last normal me	nses beg	gan	Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)				
	03	/09/2018			7	-		5				
How were the gestat	tional ag	e and post fertilization	on age determined?									
Full name of physic	ian norf	orming termination										
DR. CASANDRA	CASHM	AN										
Address of physician 8590 GEORGETO	•	•	mber and street, city, sta	te, and zip	code)							
222 020.02.0		_,	-,									
**Date Reported	to DCS	, if Patient under	6 (month, day, year):					_				
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/14/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	ity Name and Address EORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy INDIANA						
Patient's age** Married Date of pregna	ncy termination	Educat	tion				
	5/04/2018	Educai	iioii	Mas	ter's Degree		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	■ Black or African  Other	American	Unknown		nic or Latino Iispanic or Latino	☐ Unknown	
Live Births: Number now living 0			Number now		0		
Other Terminations: Number of spontaneous terminations			Number of in	duced termin			
Dates of terminations (Do not include this termination. If more the	an six (6), those most	recent.)			· · · · · · · · · · · · · · · · · · ·		
I. UNKNOWN 2. 3.	4		5.	Complic	ation(s) of Pregnancy	Termination	
Fetus delivered alive?  Yes No  If yes, length of time fetus survive	d:			_	_		
				None	_	e Perforation	
Fetus viable? If viable, medical reason for termin	nation:			Hemorrhage	<del>_</del>	al Laceration	
☐ Yes ■ No				Infection	Retain	ed Products	
			Other (Spec	ify)			
Pathological examination performed?							
☐ Yes ■ No						in a maternal death?	
<u> </u>				es 🔳 No	,		
	Type of Terminat	ion Procedur	res				
Procedure that Terminated Pregnancy	A	Additional Pr	ocedure that To	erminated Pr	egnancy		
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical)				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)				
Medical (Surgical) Suction Curettage	<sub>F</sub>	☐ Medical	(Surgical) Suc	tion Curetta	TA.		
☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Me	nstrual Aspir			
Medical (Surgical) Other (Specify)		Medical	(Surgical) Oth	er (Specify)			
						_	
For Medical (Surgical) procedures, answer the following question	n. F	For Medical (	Surgical) proc	edures, answ	er the following ques	tion.	
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ■ No	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following	g questions.	f the previou	s question was	answered ye	s, complete the follow	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	st opportunit	y to survive?		
What was the basis for determination that the pregnant woman h	had a condition	What was th	ne basis for det	ermination th	nat the pregnant wom	an had a condition	
that required the procedure to avert death or serious impairment woman?		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?					
Date last normal menses began	Physician estimate o	f gestation (i	n weeks)	Post fer	rtilization age of the f	etus (in weeks)	
03/05/2018		9	/	2 350 101	7	(	
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	d?						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street,	city, state, and zip co	de)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, y	year):						
DATE RECEIVED BY ISDH (month, day, year): 05/14/2	018				=		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PPIN-GEORGETOWN OR (P		S 8590 GEORGETOWN ROAD	City or	or town, of pregnancy termination County of pre					egnancy MARI		
	Mar		Date of pregnancy		Educa	tion					
25 Race		Yes No		9/2018			Н	Ethnicity	l Diploma o	or GED	
☐ American Indian o	or Ot	her Pacific Islander	= =	Other	can American	_	known	Not H	ic or Latino spanic or La	tino	Unknown
Live Births:		Number now living	2				er now d		0		
Other Terminations:	•	Number of spontaneou	0			Numb	per of ind	uced termina	0		
Dates of terminations	(Do	not include this termino	v		,		5.			6	
Fetus delivered alive?  Yes No		If yes, length of tir					1	•	tion(s) of Pro	egnancy T	
Fetus viable?  Yes No	О	If viable, medical r	eason for termination	on:			_ I	Hemorrhage Infection Other (Speci			Laceration Products
Pathological examinat performed?		If yes, results:						s termination		ey result in	n a maternal death?
				Type of Term	ination Procedu	*00					
Procedure that Tama-:-	noto-1	Pregnancy		Type of Term			that Ta	minated De-	ananay		
Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgica Medical (Surgica Medical (Surgica	1) M	lenstrual Aspiration				(Surgic	al) Mens	ion Curettag strual Aspira r (Specify)			
For Medical (Surgical	) pro	cedures, answer the fol	lowing question.		For Medical	Surgica	ıl) proced	lures, answe	r the following	ng questic	on.
Was the fetus viable ☐ Yes ■	_	ave a post fertilization a	age at least 20 week	s?		us viabl		e a post fertil	ization age a	t least 20	weeks?
If the previous question	on wa	as answered yes, comple	ete the following qu	estions.	If the previou	s questi	ion was a	nswered yes	, complete th	ne followi	ng questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			us given Yes [		opportunity	to survive?		
		etermination that the properties of the properti									had a condition at to the pregnant
Date last normal mens	ses b	egan	Phy	ysician estima	te of gestation (i	n weeks	s)	Post fert	ilization age	of the fet	us (in weeks)
How were the gestation		2/28/2018  age and post fertilization	age determined?		9					7	
ULTRASOUND		ge and post retification	r age determined.								
Full name of physician DR. CASANDRA CA	-	-									
		orming termination (num OAD, INDIANAPOLI		, state, and zip	p code)						
**Date Reported to	DC	S, if Patient under 1	6 (month, day, year	):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,		ncy termination		County of pregnanc	y termination RION			
Patient's age** Married Date of pregr	nancy termination	Educa	tion					
	05/09/2018	Educa	HOII	Some Colle	ege, No Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	☐ Black or Afric	an American	Unknown	Ethnicity  Hispani	c or Latino panic or Latino	☐ Unknown		
Live Births: Number now living			Number now		0			
Other Terminations: Number of spontaneous terminations			Number of inc	luced terminat	ions			
Dates of terminations (Do not include this termination. If more t	than six (6), those me	ost recent.)			0			
ı. <b>2015</b>		4	5		6			
Fetus delivered alive?  Yes No  If yes, length of time fetus surviv	ved:		Termination					
			e Perforation					
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	☐ Cervic	al Laceration		
☐ Yes ■ No				Infection	☐ Retain	ed Products		
				Other (Specify	)			
Pathological examination If yes, results:								
performed?  Yes No			Did this termination of pregnancy result in a maternal death?					
		Did this termination of pregnancy result in a maternal death.  ☐ Yes ■ No						
	Type of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Preg	nancy			
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical)					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		)			
Modical (Survival) Systian Curattors		☐ Madical	(Surgical) Suct	ion Curattaga				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Men	strual Aspirati	on			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proce	dures, answer	the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s question was a	answered yes,	complete the follow	ving questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes	t opportunity t	o survive?			
What was the basis for determination that the pregnant woman	had a condition	_	_	rmination that	the pregnant wom	an had a condition		
that required the procedure to avert death or serious impairmen		that require				ent to the pregnant		
woman?		woman?						
	I m							
Date last normal menses began 03/07/2018	Physician estimate	e of gestation (i	n weeks)	Post fertil	ization age of the f	etus (in weeks)		
How were the gestational age and post fertilization age determine	ned?			l				
ULTRASOUND								
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination (number and stree	t, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day)	vear):							
DATE RECEIVED BY ISDH (month, day, year): 05/14								
DATE RECEIVED DI ISDH (monin, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	County of pregnancy termination  MARION				
Patient's age** Ma	nrried	Date of pregnancy term <b>05/09/20</b>		Educat	tion	Some C	ollege, No Degree		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ■ Blac ■ White ☐ Other		an American	Unkno	own Not	y nanic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	Number now living	0				now deceased	0		
Other Terminations:	Number of spontaneou	s terminations 0			Number of	of induced term	inations 0		
Dates of terminations (Da									
Fetus delivered alive?  Yes No	If yes, length of ti		·	4		Compli  None	cation(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?  Yes No	If viable, medical	reason for termination:				<ul><li>☐ Hemorrhag</li><li>☐ Infection</li><li>☐ Other (Spe</li></ul>	☐ Retained Products		
Pathological examination performed?  Yes No	If yes, results:					id this terminati	ion of pregnancy result in a maternal dea Io		
		Туре	e of Termin	nation Procedur	res				
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure th	at Terminated P	regnancy		
Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Curetta Menstrual Asp Other (Specify)	iration		
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (	Surgical) p	procedures, ansv	wer the following question.		
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization Io	age at least 20 weeks?			us viable on Yes		tilization age at least 20 weeks?		
If the previous question v			ons.	-	•	·	res, complete the following questions.		
Was the fetus given the	best opportunity to surv o	ive?			is given the Yes \[ \] \[ \]	e best opportuni No	ity to survive?		
		regnant woman had a cortious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnan		
Date last normal menses	began	Physicia	an estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)		
	03/09/2018			8			6		
How were the gestational ULTASOUND	age and post fertilization	n age determined?							
Full name of physician p	-								
Address of physician per 8590 GEORGETOWN	-		te, and zip	code)					
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		D, INDIANAPOLIS, IN, 46268	town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION					
Patient's age** Ma	arried  Yes No	Date of pregnancy terms 05/09/201		Educat	tion		chool Diploma or GED	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blacl ☐ White ☐ Other	k or African r	n American	Unkno	own 🔳 No	ispanic or Latino ot Hispanic or Latino  Unknown	
Live Births:	Number now living	0				now deceased	0	
Other Terminations:	Number of spontaneou	s terminations 0			Number	of induced ter	rminations 0	
Dates of terminations (Da		•						
Fetus delivered alive?  Yes No	If yes, length of ti		4. <u>-</u>			Comp  None	plication(s) of Pregnancy Termination  Uterine Perforation	
Fetus viable?  Yes No	If viable, medical	reason for termination:				☐ Hemorrh ☐ Infection ☐ Other (S)	n Retained Products	
Pathological examination performed?  Yes No	If yes, results:		Did this termination of pregnancy result in a maternal death?  Yes No					
Type of Termination Procedures								
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy								
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgical)	Suction Cure Menstrual As Other (Specij	spiration	
For Medical (Surgical) p	rocedures, answer the fo	llowing question.	j	For Medical (	(Surgical)	procedures, an	nswer the following question.	
Was the fetus viable or Yes N	have a post fertilization No	age at least 20 weeks?			us viable o Yes 🔲 1		fertilization age at least 20 weeks?	
If the previous question v			ns.	•	•		d yes, complete the following questions.	
Was the fetus given the  ☐ Yes ☐ N	e best opportunity to surv Vo	ive?			us given th Yes \[ \]		unity to survive?	
		egnant woman had a con- ous impairment to the pro					on that the pregnant woman had a condition death or serious impairment to the pregnant	
Date last normal menses	began	Physicia	nn estimate o	of gestation (i	n weeks)	Post	t fertilization age of the fetus (in weeks)	
	UNKNOWN	n aga datamnina 19		8			6	
How were the gestational ULTRASOUND	i age and post tertilizatio	n age determined?						
Full name of physician p	-							
Address of physician per 8590 GEORGETOWN	-		e, and zip co	ode)				
**Date Reported to D	OCS, if Patient under 1	6 (month, day, year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAP	OLIS, IN, 46268 City or	town, of pregna	ncy termination	(	County of pregnancy	termination RION	
Patient's age**  41  Married Yes No  Date of p	oregnancy termination 05/09/2018	Educat	tion	<b>Maste</b> Ethnicity	r's Degree		
Asian  ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander  Live Births:  Number now living	☐ Black or Afri ☐ Other	can American	Unknown Number now de	☐ Hispani ■ Not His	panic or Latino	Unknown	
Other Terminations: Number of spontaneous terminat	ions		Number of indu	uced terminat	tions		
Dates of terminations (Do not include this termination. If m.	4 ore than six (6), those n	nost recent.)			0		
1. UNKNOWN 2. UNKNOWN 3. U	INKNOWN	4. UNKNOWN	l 5		6		
Fetus delivered alive?  Yes No  If yes, length of time fetus su	ırvived:			Complicati	ion(s) of Pregnancy	Termination	
				None	☐ Uterine	Perforation	
Fetus viable? If viable, medical reason for	termination:		L	Hemorrhage	☐ Cervica	al Laceration	
☐ Yes ■ No			☐ I	nfection	☐ Retaine	ed Products	
Pathological examination performed?							
☐ Yes ■ No	Did this termination of pregnancy result in a maternal death?  Yes No						
	res						
Procedure that Torminated Programs	Type of Term	Additional Pr		minated De-	nancy		
Procedure that Terminated Pregnancy		<b> </b>	ocedure that Terr		nancy		
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgical) M (Nonsurgical) M	Iisoprostol			
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) O	ther (Specify	)		
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens				
Medical (Surgical) Other (Specify)			(Surgical) Other				
For Medical (Surgical) procedures, answer the following qu	estion.	For Medical (	(Surgical) proced	ures, answer	the following quest	ion.	
Was the fetus viable or have a post fertilization age at leas	at 20 weeks?		is viable or have a post fertilization age at least 20 weeks?				
If the previous question was answered yes, complete the fol	lowing questions.	If the previou	s question was a	nswered yes,	complete the follow	ving questions.	
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best Yes  No	opportunity t	to survive?		
What was the basis for determination that the pregnant wo					the pregnant woma		
that required the procedure to avert death or serious impai woman?	rment to the pregnant	that required woman?	d the procedure to	o avert death	or serious impairme	ent to the pregnant	
Date last normal menses began	Physician estima	ita of contation (	in waaks)	Doet famili	lization age of the fo	atus (in weeks)	
03/10/2018	-	<b>8</b>	n weeks/	1 081 101111	6	cus (iii weeks)	
How were the gestational age and post fertilization age dete ULTRASOUND	rmined?						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and s 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 462		p code)					
**Date Reported to DCS, if Patient under 16 (month,							
DATE RECEIVED BY ISDH (month, day, year):	5/14/2018						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PPG	ress Gi) - 8590 GEORGETOWN ROAD,	, INDIANAPOLIS, IN, 46268	•	regnancy termination	n Coun	nty of pregnancy termination  MARION	
Patient's age** N	Married □ Yes ■ No	Date of pregnancy termin		ducation	Some College,	, No Degree	
Race American Indian or Native Hawaiian or	=	Asian Black Other	or African Americ	an	Ethnicity  Hispanic or  Not Hispani	Latino	
Live Births:	Number now living	0		Number now	deceased	0	
Other Terminations:	Number of spontaneous	s terminations		Number of in	duced terminations	2	
Dates of terminations (I	Do not include this termina: 2. <b>07/2015</b>	tion. If more than six (6),				6.	
Fetus delivered alive?  Yes No	If yes, length of time		4		Complication(s	s) of Pregnancy Termination  Uterine Perforation	
Fetus viable? ☐ Yes ■ No	If viable, medical re	eason for termination:			Hemorrhage Infection	☐ Cervical Laceration ☐ Retained Products	
Pathological examination performed?					Other (Specify)		
☐ Yes ■ No				Did th		regnancy result in a maternal death?	
Dunga dura that T	tad Duagness	Type o	of Termination Pro		ommin at - 1 D		
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy							
■ Medical (Nonsurgical) Mifepristone          □ Medical (Nonsurgical) Mifepristone          ■ Medical (Nonsurgical) Misoprostol          □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)          □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)							
	Suction Curettage Menstrual Aspiration Other (Specify)		☐ Me	dical (Surgical) Suc dical (Surgical) Me dical (Surgical) Oth	nstrual Aspiration		
For Medical (Surgical)	procedures, answer the foll	owing question.	For Med	ical (Surgical) proc	edures, answer the	following question.	
Was the fetus viable o  ☐ Yes ☐	or have a post fertilization a No	ge at least 20 weeks?	Was th	e fetus viable or hav	ve a post fertilization	on age at least 20 weeks?	
If the previous question	was answered yes, comple	ete the following question:	s. If the pr	evious question was	answered yes, com	plete the following questions.	
Was the fetus given th ☐ Yes ☐	ne best opportunity to survi No	ve?	Was th	e fetus given the be	st opportunity to su	rrvive?	
	or determination that the pre edure to avert death or seric		ition What was that re woman	quired the procedure		pregnant woman had a condition erious impairment to the pregnant	
Date last normal mense	s began	Physician	estimate of gestat	ion (in weeks)	Post fertilizat	ion age of the fetus (in weeks)	
	03/20/2018		7			5	
How were the gestation ULTRASOUND	al age and post fertilization	age determined?					
Full name of physician DR. CASANDRA CAS							
	erforming termination (num		and zip code)				
**Date Reported to	DCS, if Patient under 16	6 (month, day, year):					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess ) - 8590 GEORGETOWN ROAD,	INDIANAPOLIS, IN, 46268	City or tov	vn, of pregna	•			County of pregnancy termination MARION	
	arrea	Date of pregnancy term		Educat	tion		I		
Race	Yes No	05/09/201					Ethnicity	ol Diploma or GED	
☐ American Indian or A☐ Native Hawaiian or C	Other Pacific Islander	Asian Black White Othe	k or African r	American		known	■ Not H	nic or Latino ispanic or Latino  Unknown	1
Live Births:	Number now living	1				er now dec		0	
Other Terminations:	Number of spontaneous	0			Numb	er of induc	ced termin	ations 0	
Dates of terminations (D	o not include this terminat	tion. If more than six (6)		t recent.)		5		6	
Fetus delivered alive?	If yes, length of tim						Complica	ation(s) of Pregnancy Termination	
☐ Yes ■ No						■ No	one	☐ Uterine Perforation	
Fetus viable?	If viable, medical re	eason for termination:				□ Не	emorrhage	☐ Cervical Laceration	
☐ Yes ■ No						☐ In	fection	☐ Retained Products	
						Ot	ther (Speci	(fy)	
Pathological examination performed?	If yes, results:								
☐ Yes ■ No						Did this t	terminatio No	n of pregnancy result in a maternal de	ath?
							<u> </u>		
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	e that Term	ninated Pre	egnancy	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone									
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic						rgical) Mi		fy)	
_	, , , , ,			_					
Medical (Surgical)	Suction Curettage		<sub>i</sub>	Medical	(Surgical	al) Suction	n Curettag	re	
	Menstrual Aspiration			Medical	(Surgica	al) Menstral) Other	rual Aspira	ation	
_				_		, ,			
For Medical (Surgical) p	rocedures, answer the follo	owing question.	<sub>1</sub>	For Medical (	Surgica	ıl) procedu	res, answe	er the following question.	
Was the fetus viable or	have a post fertilization a			Was the fetu	us viable	e or have a		lization age at least 20 weeks?	
☐ Yes ■ N				_	Yes □	_	,		
	was answered yes, comple		ns.	•	•		•	s, complete the following questions.	
Was the fetus given the	best opportunity to surviv Io	ve?		Was the fett	is given Yes		pportunity	to survive?	
	determination that the pre							at the pregnant woman had a condition	
woman?	lure to avert death or serio	ous impairment to the pro-	egnant	woman?	d the pro	ocedure to	avert deat	h or serious impairment to the pregna	ınt
Date last normal menses	began UNKNOWN	Physicia	n estimate o	of gestation (i	n weeks	s)	Post fer	tilization age of the fetus (in weeks)	
	l age and post fertilization	age determined?					1	10	
ULTRASOUND									
Full name of physician p	erforming termination								
DR. CASANDRA CASI	HMAN								
Address of physician per 8590 GEORGETOWN	forming termination (num		e, and zip co	ode)					
		·							
•	CS, if Patient under 16								
DATE RECEIVED I	BY ISDH (month, day, ye	ear):05/14/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy terminati	on	County of pregnancy termination MARION	
16	urried No	Date of pregnancy term <b>05/09/201</b>		Educat	tion		th, No Diploma	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blacl ■ White ☐ Othe		n American	Unknow	n Not I	√ anic or Latino Hispanic or Latino ☐ Unknown	
Live Births:	Number now living	0			Number no		0	
Other Terminations:	Number of spontaneous	s terminations 0			Number of	induced termi	nations 0	
Dates of terminations (Da		•						
Fetus delivered alive?  Yes No	If yes, length of tin		4	•			cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration	
Fetus viable?							Retained Products	
Pathological examination performed?  Yes • No	If yes, results:		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
Type of Termination Procedures								
Procedure that Terminate	ed Pregnancy					Ferminated Pr	regnancy	
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)  Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) M	nction Curetta enstrual Aspi ther (Specify)	ration	
For Medical (Surgical) p	rocedures, answer the foll	lowing question.		For Medical (	Surgical) pro	cedures, answ	ver the following question.	
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization a lo	age at least 20 weeks?			us viable or h Yes		tilization age at least 20 weeks?	
If the previous question v	vas answered yes, comple best opportunity to survi		ns.	•	•	s answered yo	es, complete the following questions.	
Yes N		vc.			res No	est opportuni	ty to survive.	
	determination that the pro lure to avert death or serio						hat the pregnant woman had a condition ath or serious impairment to the pregnant	
Date last normal menses	began	Physicia	nn estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
	03/01/2018	10		9			7	
How were the gestational ULTRASOUND	How were the gestational age and post fertilization age determined?  ULTRASOUND							
Full name of physician p	-							
Address of physician per 8590 GEORGETOWN	-		e, and zip o	code)				
**Date Reported to D	CS, if Patient under 10	6 (month, day, year):					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION		
	T								
Patient's age** 43	Married ■ Yes □ No	Date of pregnancy term 05/09/201		Educa	tion		ter's Degree		
Race American India Native Hawaiian	n or Other Pacific Islander	Asian Black White Othe		n American		known Not I	nnic or Latino Hispanic or Latino		
Live Births:	Number now living	4			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	er of induced termi	nations 1		
Dates of termination	ns (Do not include this termin	•		st recent.)		_			
Fetus delivered alive		me fetus survived:	4.	•		Complic	eation(s) of Pregnancy Termination		
☐ Yes ■	, ,				■ None ☐ Uterine Perforation				
				Hemorrhage Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:							
	110					☐ Infection ☐ Retained Products			
Pathological examir	nation If yes, results:			Other (Specify)					
performed?									
☐ Yes ■	No					Did this termination  ☐ Yes ■ No.	on of pregnancy result in a maternal death?		
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsurgical) Misoprostol (Nonsurgical) Other (Specify)				
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge .		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgical	al) Menstrual Aspi	ration		
Medical (Surgi	cai) Other ( <i>Specify</i> )			☐ Medical	(Surgica	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.			_	-	er the following question.		
	ole or have a post fertilization  No	age at least 20 weeks?				is viable or have a post fertilization age at least 20 weeks?  Yes No			
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportunit	y to survive?		
☐ Yes [	_			_	Yes _	_			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition the or serious impairment to the pregnant		
woman?				woman?					
		1 -				) T =			
Date last normal me	onses began 03/26/2018	Physicia	nn estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  4		
	tional age and post fertilization	on age determined?				L			
ULTRASOUND									
Full name of physic	ian performing termination								
DR. CASANDRA	CASHMAN								
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip o	code)					
	,, J	,							
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_		
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/14/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 G	EORGETOWN ROAD, IN	IDIANAPOLIS, IN, 46268	City or to		ncy termination		County of pregnanc	cy termination	
Patient's age**  26  Married  N Race		ate of pregnancy termi 05/09/201		Educa		ligh School	ol Diploma or GEI	D	
American Indian or Alaska N Native Hawaiian or Other Pa	_	Asian Black White Other		nn American	■ Unknown Number now d	☐ Hispai ☐ Not H	nic or Latino ispanic or Latino	Unknown	
Live Births:		2			Number of ind		0		
Other Terminations.	per of spontaneous to	0			Number of ind	ucea termin	ations 1		
Dates of terminations (Do not inc. 12/28/2015	clude this terminatio	on. If more than six (6)	, those mo	ost recent.)	5		6		
Fetus delivered alive? If	yes, length of time			·		Complica	ntion(s) of Pregnancy	y Termination	
☐ Yes ■ No					<b>1</b>	None	☐ Uterin	e Perforation	
					I	Hemorrhage	☐ Cervic	cal Laceration	
Fetus viable? If  Yes No	viable, medical rea	son for termination:				nfection	— Retain	ned Products	
103 110							_	ica i roducis	
Pathological examination If	yes, results:					Other (Speci	(אַ)		
performed?	yes, resuits.								
☐ Yes ■ No						s termination		It in a maternal death?	
		_ <del>_</del>							
Type of Termination Procedures									
Procedure that Terminated Pregn	ancy			Additional Pr	ocedure that Ter	minated Pre	egnancy		
☐ Medical (Nonsurgical) Mife	epristone			☐ Medical	(Nonsurgical) N	//////////////////////////////////////			
☐ Medical (Nonsurgical) Miso ☐ Medical (Nonsurgical) Other					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				
	( <i>-</i> F <i>3y</i> )				(		<i>,</i>		
——————————————————————————————————————	<u> </u>				(G : 1) G ::				
Medical (Surgical) Suction Medical (Surgical) Menstru	al Aspiration			Medical	(Surgical) Sucti (Surgical) Mens	strual Aspira	e ation		
Medical (Surgical) Other (S	Specify)			☐ Medical	(Surgical) Other	r (Specify)			
For Medical (Surgical) procedure	es, answer the follow	ving question.		For Medical (	(Surgical) proceed	lures, answe	er the following ques	stion.	
Was the fetus viable or have a p  ☐ Yes ■ No	post fertilization age	e at least 20 weeks?			tus viable or have a post fertilization age at least 20 weeks? Yes  \text{No}				
If the previous question was answ	wered yes, complete	the following question	ns.	If the previou	s question was a	nswered yes	s, complete the follo	wing questions.	
Was the fetus given the best op  ☐ Yes ☐ No	portunity to survive	?			us given the best Yes  \text{No}	opportunity	to survive?		
	nation that the nuce	ant women had a con-	dition	_	_	unination th	at the mucanent weem	on had a condition	
What was the basis for determine that required the procedure to a				that require			at the pregnant wom h or serious impairn		
woman?				woman?					
						1			
Date last normal menses began 03/06/2	2018	Physicia	n estimate	of gestation (i	n weeks)	Post fer	tilization age of the	fetus (in weeks)	
How were the gestational age and		ge determined?							
ULTASOUND									
Full name of physician performing DR. CASANDRA CASHMAN	ng termination								
Address of physician performing	•		e, and zip	code)					
8590 GEORGETOWN ROAD,	INDIANAPOLIS,	IN 46268							
**Date Reported to DCS, if I	Patient under 16 /	month day years							
-		05/44/0040							
DATE RECEIVED BY ISD	n (month, day, yea	(r):							

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Facility Name and Add PPIN-GEORGETOWN OR (PP	90 GEORGETOWN ROAL	), INDIANAPOLIS,	ancy termination	County	of pregnancy termination  MARION			
						<del>-</del>		
20	Marrie [	d Yes • No		ancy termination 05/09/2018	n Educ	ation	Some College, N	o Degree
Race American Indian o Native Hawaiian o	or Othe	Pacific Islander	Asian White	■ Black or A □ Other	frican American	Unknown	Ethnicity Hispanic or La Not Hispanic o	
Live Births:	Nı	ımber now living	1			Number now d	eceased 0	
Other Terminations:	Nı	ımber of spontaneou	s terminations 0			Number of ind	uced terminations	)
Dates of terminations						1		
Fetus delivered alive?		If yes, length of tir			4	5	Complication(s)	of Pregnancy Termination
☐ Yes ■ No		,, g						Uterine Perforation
							Hemorrhage	☐ Cervical Laceration
Fetus viable?  If viable, medical reason for termination:  Yes No							infection	Retained Products
Yes No								Retained Froducts
Pathological examinat	ion	If yes, results:					Other (Specify)	
performed?								
☐ Yes ■ No ☐ Did th								nancy result in a maternal death?
Type of Termination Procedures								
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy								
■ Medical (Nonsurgical) Mifepristone								
Medical (Nonsurg	gical) I	Misoprostol			☐ Medica	l (Nonsurgical) M l (Nonsurgical) (	/lisoprostol	
I viculear (I volisurg	grear) v	other (specify)			Wiedica	(tonsurgicur)	жист (Бресцу)	
	1) 0 /	·			_	1.(0 ' 1) 0 (	- C #	
Medical (Surgical Medical (Surgical	l) Men	strual Aspiration			☐ Medica	l (Surgical) Sucti l (Surgical) Men	strual Aspiration	
Medical (Surgical	l) Othe	er (Specify)			☐ Medica	l (Surgical) Othe	r (Specify)	
					_			
For Medical (Surgical)	) proce	dures, answer the fol	lowing question	on.	For Medical	(Surgical) proceed	lures, answer the following	lowing question.
Was the fetus viable ☐ Yes ☐		e a post fertilization	age at least 20	weeks?		tus viable or have Yes \(\square\) No	a post fertilization a	age at least 20 weeks?
If the previous question	n was a	answered yes, compl	ete the followi	ng questions.	If the previo	us question was a	nswered yes, comple	ete the following questions.
Was the fetus given t		t opportunity to surv	ive?			tus given the best Yes No	opportunity to survi	ve?
What was the basis f					What was	the basis for deter	rmination that the pro	egnant woman had a condition
that required the proc woman?	cedure	to avert death or seri	ous impairmer	it to the pregnant	that requir woman?	ed the procedure	o avert death or seri	ous impairment to the pregnant
Date last normal mens	_			Physician estin	nate of gestation	(in weeks)	Post fertilization	age of the fetus (in weeks)
How were the gestation		05/2018 and post fertilizatio	n age determin	ed?	9			7
ULTRASOUND	agt	. a.ia post ierunzatio	450 dotermin					
Full name of physician DR. CASANDRA CA	SHMA	AN						
Address of physician p 8590 GEORGETOW		-		t, city, state, and	zip code)			
220.02.00		, <b>J</b>	_, 10200					
**Date Reported to	DCS,	if Patient under 1	6 (month, day,	year):				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF INDIA	NAPOLIS - 1201 N AF	LINGTON AVE,	City or	town, of pregna	ncy termination	County of pregnancy termination  MARION				
Patient's age**	Married		Date of pregnancy to	ermination	Educat	ion					
39		Yes 🗌 No	05/11/				Bachelor's Degree				
Race American Indian Native Hawaiian Live Births:	n or Other F		■ White □ O	lack or Afric	can American						
Other Termination	Num	nber of spontaneou	2 as terminations			Number of induced	terminations				
	15.		1 ation. If more than six	(6), those m	ost recent.)		0				
ı. <b>2017</b>			3		4	5	6				
Fetus delivered alive	l l	If yes, length of ti	me fetus survived:			Complication(s) of Pregnancy Termination					
	110					■ None	☐ Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination	):		☐ Hemo	Hemorrhage Cervical Laceration				
☐ Yes ■				☐ Infect	☐ Infection ☐ Retained Products						
				☐ Other	Other (Specify)						
Pathological examir	nation	If yes, results:									
performed?  • Yes	No C	CHORIONIC VIL	LAE, GESTATION	Did this term	nination of pregnancy result in a maternal death?						
							■ No				
			T	ype of Termi	nation Procedur	es					
Procedure that Term	ninated Preg	gnancy			Additional Pr	ocedure that Termina	ated Pregnancy				
Medical (Nons						(Nonsurgical) Mifep					
Medical (Nons)						Nonsurgical) Misoprostol Nonsurgical) Other ( <i>Specify</i> )					
Medical (Surgi	cal) Suction	n Curettage			☐ Medical	(Surgical) Suction C	urettage				
☐ Medical (Surgi ☐ Medical (Surgi	cal) Menstr	rual Aspiration				(Surgical) Menstrual (Surgical) Other (Sp.	l Aspiration				
Wedical (Surgi	car) Onier	(Бресіју)			Wiedicai	(Surgicar) Other (Sp	ectyy				
For Medical (Surgion	cal) procedu	ires, answer the fo	llowing question.		For Medical (	(Surgical) procedures, answer the following question.					
Was the fetus viab  ☐ Yes		a post fertilization	age at least 20 weeks?	?		fetus viable or have a post fertilization age at least 20 weeks? Yes  No					
If the previous ques	tion was an	swered yes, comp	lete the following ques	stions.	If the previou	s question was answe	ered yes, complete the following questions.				
Was the fetus give						is given the best oppo	• •				
Yes [		pportunity to surv	1,0.			Yes No	stunity to survive.				
			regnant woman had a				ation that the pregnant woman had a condition				
woman?	rocedure to	avert death or ser	ious impairment to the	e pregnant	woman?	the procedure to ave	ert death or serious impairment to the pregnant				
					<u> </u>						
Date last normal me	enses began		Phys	ician estimat	te of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)				
How were the		/2018	m aga datamin - 10		10		8				
How were the gestar  ULTRASOUND EX	_	=	-								
	Full name of physician performing termination										
DR. JEFFREY D. (		ng termination (re-	mber and street, city, s	state and =:-	n code)						
1201 N ARLINGTO	-	•	•	nave, ana Llf	· couc <sub>j</sub>						
**Date Reported	to DCS, if	f Patient under 1	6 (month, day, year):								
DATE RECEIVI	ED BY IS	DH (month, day,	year):05/14/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	City or	town, of pregna	-			County of pregnancy termination  MARION						
Patient's age**	Marri		Date of pregnancy ter	mination	Educa	tion						
27		Yes No	05/11/2	018			Some College, No Degree Ethnicity					
Race American Indian Native Hawaiian	or Oth			ack or Afri her	can American		ıknown ber now d	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:			0						0			
Other Termination	15.	Number of spontaneou	0			Numt	per of ind	uced termin	nations 0			
Dates of termination	is (Do n		ation. If more than six				5		6			
Fetus delivered alive	e?	If yes, length of ti			4.			Complic	cation(s) of Pregna	ancy Termination		
☐ Yes ■	No						■ None ☐ Uterine Perforation					
								Hemorrhage	е П Се	rvical Laceration		
Fetus viable? If viable, medical reason for termination:								nfection		tained Products		
									_	tamed Froducts		
Pathological examination If yes, results:							Other (Specify)					
performed?												
☐ Yes ■	No						Did this			esult in a maternal death?		
			Ту	pe of Term	ination Procedu	res						
Procedure that Term	inated l	Pregnancy			Additional P	ocedur	e that Ter	minated Pr	regnancy			
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsu	rgical) N	lifepristone	e			
Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) M	Aisoprostol Other (Speci				
iviedicai (Ivonst	iigicai)	Other (Specify)			Wiedical	(IVOIISU	iigicai) C	mei (speci	ijy)			
	1) 0				<del></del>	/G :	1) 0					
	cal) Me	enstrual Aspiration				(Surgic	al) Mens	on Curettag strual Aspir				
Medical (Surgio	cal) Otl	ner (Specify)			☐ Medical	(Surgio	al) Other	r (Specify)				
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	urgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?			is the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	ion was	answered yes, comp	lete the following ques	tions.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	ollowing questions.		
Was the fetus given ☐ Yes [		est opportunity to surv	vive?			us givei Yes [		opportunit	y to survive?			
What was the basis	s for det	termination that the pr	regnant woman had a c	ondition	What was t	he basis	for deter	mination th	hat the pregnant w	oman had a condition		
			ious impairment to the							airment to the pregnant		
					oman:							
Date last normal me	nses ha	gan	Dhyei	cian estima	te of gestation (	in wool	5)	Post for	rtilization age of t	he fetus (in weeks)		
	UN	IKNOWN			6	,, ССК		1 550 10		4		
How were the gestat		ge and post fertilization	on age determined?	· · · · · · · · · · · · · · · · · · ·		_		·				
OLIKASUUND EX	MININ/	TION										
Full name of physici	ian nerf	orming termination										
DR. JEFFREY D. G	SLAZE	R										
1 *		ming termination (nu.	mber and street, city, s	tate, and zi	p code)							
1201 IV AINLINGTO	/13 A V E	-, INDIAINAI OLIO,										
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):						_			
DATE RECEIVE									_			

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or tov	wn, of pregna			County of pregnancy termination  MARION		
			ı						
Patient's age**	Married	Date of pregnancy term		Educa	tion	<b>.</b>	alavia Danus		
Race	☐ Yes ■ No	05/11/20	18			Ethnicity	elor's Degree		
American Indian	n or Alaska Native n or Other Pacific Islander		k or African	American	□тт	☐ Hispa	anic or Latino		
Live Births:	Number now living		71			known Not I ber now deceased	Hispanic or Latino Unknown		
Other Termination	Number of spontaneo	us terminations			Numb	per of induced termi			
	ns (Do not include this termin	0 nation If more than six (6	) those mos	t recent )			0		
1		3				5	6		
Fetus delivered alive	, ,	ime fetus survived:			cation(s) of Pregnancy Termination				
☐ Yes ■	No				☐ Uterine Perforation				
5	70					☐ Hemorrhag	e		
Fetus viable?  Yes		reason for termination:		☐ Infection ☐ Retained Products					
		Other (Specify)							
Pathological examin		Guier (Specify)							
performed?									
☐ Yes ■	No					Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
					<u>, — ··· — ··</u>				
		Туре	of Termina	tion Procedu	res				
Procedure that Term	ninated Pregnancy		T	Additional Pr	ocedur	e that Terminated Pr	regnancy		
	urgical) Mifepristone					rgical) Mifepriston			
Medical (Nonsu	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprosto			
Medical (Nonsi	urgical) Other (Specify)			∐ Medical	(Nonsu	rgical) Other (Spec	ify)		
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	cal) Suction Curetta cal) Menstrual Aspi	ge		
	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)	lation		
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.	j	For Medical (	Surgica	al) procedures, answ	er the following question.		
	le or have a post fertilization					•	ilization age at least 20 weeks?		
Yas the letus viab		age at least 20 weeks.			Yes [		inization age at least 20 weeks.		
If the previous quest	tion was answered yes, comp	blete the following question	ons.	If the previou	is quest	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur No	vive?			us givei Yes [	n the best opportuni  No	ry to survive?		
What was the basis	s for determination that the p	oregnant woman had a con	ndition	What was th	he basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser						th or serious impairment to the pregnant		
woman:				woman:					
		· ·				, 1			
Date last normal me	nses began 03/25/2018	Physicia	an estimate o	of gestation (i	n week:	Post fe	rtilization age of the fetus (in weeks) 4		
How were the gestat	tional age and post fertilization	on age determined?		-		<u> </u>			
ULTRASOUND EX	KAMINATION								
Full name of physics	ian performing termination  GLAZER								
_	n performing termination (nu	umber and street, city, stat	te, and zip co	ode)					
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
DATE RECEIVE	ED RV ISDH (month day	vegr). 05/14/2018							

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna	ncy termination	County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy	termination	Educat	tion				
26	_	a Yes ■ No		1/2018	Educat		School Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		= =	Black or Afric	can American		hnicity ] Hispanic or Latino ] Not Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou				Number of induced	1 terminations			
Dates of termination		t include this termin	1 ation. If more than s	six (6), those m	nost recent.)		0			
ı. <b>2011</b>	2		3		4	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			□ None	omplication(s) of Pregnancy Termination  Uterine Perforation			
						— ☐ Hem	orrhage			
Fetus viable?  Yes	No	If viable, medical	reason for termination	☐ Infec	☐ Infection ☐ Retained Products					
				☐ Othe	r (Specify)					
Pathological examin	nation	If yes, results:								
performed?			I AE GESTATION							
■ Yes □	■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC						mination of pregnancy result in a maternal death?  No			
				•						
				Type of Term	ination Procedur	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Termin	ated Pregnancy			
☐ Medical (Nons		•				(Nonsurgical) Mife				
☐ Medical (Nonsi	urgical)	Misoprostol			☐ Medical	(Nonsurgical) Miso	prostol			
Medical (Nons	urgicai)	Other ( <i>Specify</i> )			Medical	(Nonsurgical) Other	х (Specify)			
Medical (Surgion Medica		tion Curettage astrual Aspiration			Medical Medical	(Surgical) Suction ( (Surgical) Menstrua	Curettage Il Aspiration			
Medical (Surgio						(Surgical) Other (Sp				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	dical (Surgical) procedures, answer the following question.				
Was the fetus viab		e a post fertilization	age at least 20 week	rs?		as the fetus viable or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was	answered yes, comp	lete the following qu	estions.	If the previou	s question was answ	ered yes, complete the following questions.			
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			us given the best opp	portunity to survive?			
What was the basi	s for dete	ermination that the p	regnant woman had	a condition	What was th	ne basis for determin	ation that the pregnant woman had a condition			
		to avert death or ser					ert death or serious impairment to the pregnant			
woman:					woman:					
Data 1t 1	mas - 1		Tot .	valaia · ·	to of at' '	n anno des	Doot familiaation as a fake fate (* 1			
Date last normal me	_	an KNOWN	Phy	ysıcıan estima	te of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)  8			
How were the gestar	-	=	=			I				
ULTRASOUND EX	KAMINA	TION, PELVIC EX	AMINATION							
E II										
Full name of physic DR. JEFFREY D. (	_	-								
Address of physicia	-	-	•	, state, and zip	code)					
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219							
•		, if Patient under 1	•							
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/14/2018	3						

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	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219				town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION					
Patient's age**	Μ	a	Date of pregnance	v termination	Educa	tion				
25	Marrie [	d ☐ Yes ■ No		11/2018	Educa		chool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ White ☐	Black or Afric	can American		Hispanic or Latino Not Hispanic or Latino  Unknown d			
Other Termination	ns. N	umber of spontaneou	on terminations			Number of induced to				
Dates of termination		t include this termin	0 ation. If more than	six (6), those n	nost recent.)		2			
ı. <b>2008</b>	2	2012	3		4	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			None None	Uterine Perforation			
Fetus viable?		If viable, medical	reason for terminat	tion:		Hemori	rhage Cervical Laceration			
☐ Yes ■	No					☐ Infection	n Retained Products			
						Other (	Specify)			
Pathological examin performed?	nation	If yes, results:								
■ Yes	No	CHORIONIC VIL	LAE, GESTATIO	ONAL SAC			nation of pregnancy result in a maternal death?  ] No			
				T						
<b>D</b> –				Type of Term	ination Procedur		1.0			
Procedure that Term		•			Additional Pr	ocedure that Terminate	ed Pregnancy			
Medical (Nonst						(Nonsurgical) Mifepris (Nonsurgical) Misopro				
Medical (Nonsi					Medical (Nonsurgical) Misoprostor   Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro				(Surgical) Suction Cur	rettage					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Menstrual A (Surgical) Other (Spec				
For Medical (Surgic	nal) proce	duras answar tha fo	llowing question		For Medical (	Surgical) procedures a	unswer the following question.			
							0.1			
Was the fetus viab		e a post fertilization	age at least 20 wee	eks?		is viable of have a post les   No	fertilization age at least 20 weeks?			
If the previous ques	tion was	answered yes, comp	lete the following q	questions.	If the previou	s question was answere	ed yes, complete the following questions.			
Was the fetus give	en the bes	t opportunity to surv	rive?		Was the fett	as given the best oppor	tunity to survive?			
☐ Yes [	☐ No					les □ No				
		ermination that the protocolor to avert death or ser					on that the pregnant woman had a condition t death or serious impairment to the pregnant			
Date last normal me	oncec has	an	nı	hysician actimo	te of gestation (i	n wooks) Da	st fertilization age of the fetus (in weeks)			
Daw last normal me	_	an KNOWN		nysician estilla	<b>8</b>	n weeks) PO	6			
How were the gestat	_	=	_							
OLINAGOUND EX		TON, I ELVIC EX	AMINA HON							
Full name of physician performing termination										
DR. JEFFREY D. (			ush on acc 1 - c · ·	41. atat - : 1 ·	- aada\					
Address of physician 1201 N ARLINGTO	-	•		ıy, state, and zif	o coae)					
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	ED BY	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, VDIANAPOLIS, IN, 46219					Pregnancy termination County of pregnancy termination MARION MARION				
Patient's age**	Marrie	nd.	Date of pregnance	cy termination	Educa	tion				
25	_	Yes No	1 0	/11/2018	Eddea	uon	Ass	ociate Degree		
Race American Indian Native Hawaiian Live Births:	n or Othe		White	Black or Afri Other	can American	Unknown Number now	■ Not	vanic or Latino Hispanic or Latino  Unknown		
	N	umber of spontaneou	as terminations			Number of inc	luced term	inations		
Other Termination  Dates of termination	15.	ot include this termin	0	ı six (6), those n	nost recent.)			2		
ı. <b>2017</b>		2045	3			5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli None	cation(s) of Pregnancy Termination  Uterine Perforation		
						— п	Hemorrhag	ge Cervical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termina	ation:			Infection	Retained Products		
	110							_		
Pathological examin	nation	If yes, results:					Other (Spe	cijy)		
performed?										
■ Yes	No	CHORIONIC VIL	LAE, GESTATIC	JNAL SAC		Did thi ☐ Ye		ion of pregnancy result in a maternal death?		
				Type of Term	nination Procedu	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy		
☐ Medical (Nons						(Nonsurgical) I				
Medical (Nonsi						(Nonsurgical) (Nonsurgical)				
■ Medical (Surgical) Suction Curettage							age			
☐ Medical (Surgion	cal) Mei	nstrual Aspiration				(Surgical) Men	strual Asp	iration		
Medical (Surgio	cai) Oin	er ( <i>specify</i> )			☐ Medical	(Surgical) Othe	х (Specify)			
		edures, answer the fo						wer the following question.		
Was the fetus viab		e a post fertilization	age at least 20 we	eks?		us viable or have Yes	e a post fer	tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	s question was a	nswered y	ves, complete the following questions.		
Was the fetus give		st opportunity to surv	vive?			us given the bes	t opportuni	ity to survive?		
What was the basi	s for det	ermination that the pr	regnant woman ha	d a condition	What was th	ne basis for dete	rmination	that the pregnant woman had a condition		
that required the power woman?	rocedure	to avert death or ser	ious impairment to	the pregnant	that require woman?	d the procedure	to avert de	ath or serious impairment to the pregnant		
Date last normal me	nses beg	an	P	Physician estima	ate of gestation (i	'n weeks)	Post f	ertilization age of the fetus (in weeks)		
	03/	05/2018			9			7		
_	_	e and post fertilization  TION, PELVIC EX	-	!						
	ULTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physician performing termination										
DR. JEFFREY D. (		ning termination (nu.	mher and street or	ity state and a	in code)					
1201 N ARLINGTO	-	-		uy, siene, ana 21	p couej					
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, IDIANAPOLIS, IN, 46219						ancy termination County of pregnancy termination  NAPOLIS MARION			
			T	1						
Patient's age** 29	Marrie	d ■ Yes 🔲 No	Date of pregnancy term <b>05/11/20</b>		Edu	cation	High Sc	hool Diploma or GED		
Race American Indian	n or Alas	ka Native	☐ Asian ☐ Blac		n American		Ethnic	ity spanic or Latino		
☐ Native Hawaiian		r Pacific Islander umber now living	■ White ☐ Othe	er			nknown No ber now deceased	t Hispanic or Latino  Unknown		
Other Termination	ns: N	umber of spontaneo				Num	ber of induced ter	-		
Dates of termination		ot include this termin	nation. If more than six (6)		st recent.)					
Fetus delivered alive		·	me fetus survived:	4.			5 Comp	olication(s) of Pregnancy Termination		
☐ Yes ■ 1	No						■ None	☐ Uterine Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrh	age Cervical Laceration		
Yes •	No	ii viabie, medicai	reason for termination.				☐ Infection	☐ Retained Products		
						Other (Specify)				
Pathological examin performed?	nation	If yes, results:								
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC				ation of pregnancy result in a maternal death?		
			Туре	of Termin	ation Procee					
Procedure that Term					e that Terminated					
Medical (Nonsu	Misoprostol			☐ Medic	al (Nonsi	urgical) Mifeprist urgical) Misopros	itol			
Medical (Nonsu	Medical (Nonsurgical) Other (Specify)						urgical) Other (Sp	pecify)		
☐ Medical (Surgio	Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration						cal) Suction Cure cal) Menstrual As	spiration		
Medical (Surgio	cal) Oth	er (Specify)			☐ Medic	al (Surgio	cal) Other (Specing	ý)		
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medica	al (Surgic	al) procedures. an	swer the following question.		
	ole or hav		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previ	ous quest	tion was answered	yes, complete the following questions.		
Was the fetus give: ☐ Yes [		st opportunity to sur	vive?		Was the f	etus give Yes [	n the best opportu	nity to survive?		
	_	ermination that the p	regnant woman had a con	ndition				n that the pregnant woman had a condition		
			ious impairment to the pr					death or serious impairment to the pregnant		
Date last normal me	_		Physicia	an estimate	of gestation	(in week	es) Post	fertilization age of the fetus (in weeks)		
How were the gestat		08/2018 e and post fertilization	on age determined?		9			7		
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION							
Full name of physici	Full name of physician performing termination									
DR. JEFFREY D. G	GLAZEF	₹								
Address of physician 1201 N ARLINGTO	-	-	mber and street, city, stat  IN 46219	te, and zip o	code)					
wwD . D	**D. ( D. C.C. CD.)									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AI	RLINGTON AVE,	City or to	wn, of pregna			County of pregnancy termination  MARION	
			<u> </u>				<u>.                                    </u>	
Patient's age**	Married	Date of pregnancy term		Educa	tion			
Race	■ Yes □ No	05/11/20	18			Some C Ethnicit	ollege, No Degree	
☐ American Indian				n American		☐ Hisp	anic or Latino	
Live Births:	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not	Hispanic or Latino  Unknown	
	Number of spontages	3 us terminations			Numh	per of induced term	0 inations	
Other Termination	is.	0	\ #		rvanie	or or madeca term	1	
Dates of termination	ns (Do not include this termin	action. If more than six (6)		st recent.)		5	6	
Fetus delivered alive		me fetus survived:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■	, ,					■ None	☐ Uterine Perforation	
Fetus viable?	· ·	reason for termination:				Hemorrhag	_	
☐ Yes ■	No					☐ Infection	☐ Retained Products	
				Other (Specify)				
Pathological examin performed?	nation If yes, results:							
Yes •	No					Did this terminati	on of pregnancy result in a maternal death?	
						Yes N	o .	
		Туре	of Termina	ation Procedur	res			
Procedure that Term		Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nonsi	_					rgical) Mifepristor	ne	
Medical (Nonst		■ Medical	(Nonsu	rgical) Misoprosto	1			
Medical (Nonsu		Medical	(Nonsu	rgical) Other (Spec	rty)			
Medical (Surgio		Medical	(Surgic	cal) Suction Curetta cal) Menstrual Asp	ige			
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	cal) Menstrual Asp cal) Other (Specify)	ration	
For Modical (Surgic	eal) procedures, answer the fo	llowing question		For Medical	Curaia	al) procedures and	ver the following question.	
	_					•		
Was the fetus viab ☐ Yes [	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	ıs questi	ion was answered y	es, complete the following questions.	
	en the best opportunity to sur	vive?		Was the fetus given the best opportunity to survive?				
☐ Yes [	_			_	Yes [	_		
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?		F		woman?	F-		F0	
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in weeks	s) Post f	ertilization age of the fetus (in weeks)	
	UNKNOWN			6			4	
_	tional age and post fertilization	on age determined?						
ULTRASOUND EX	AAWIINA HUN							
Full name of 1	ion monformalia a tau 1 11							
DR. JEFFREY D. (	ian performing termination GLAZER							
Address of physician	n performing termination (nu	mber and street, city, stat	te, and zip c	rode)				
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219						
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE DECEIVE	DATE RECEIVED BY ISDH (month, day, year). 05/14/2018							

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, IDIANAPOLIS, IN, 46219					regnancy termination County of pregnancy termination  DIANAPOLIS MARION				
Patient's age**	M- ·	A	Date of pregnance	v termination	Educa	tion				
30	Marrie [	a ☐ Yes ■ No		11/2018	Educa		ociate Degree			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ White ☐	Black or Afri	can American		oanic or Latino Hispanic or Latino			
Other Termination	N: N	umber of spontaneou	as terminations			Number of induced term				
Dates of termination		t include this termin	0 ation. If more than	six (6), those n	nost recent.)		0			
1	2		3		4	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			Compl	ication(s) of Pregnancy Termination			
	110					■ None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for terminat	tion:		Hemorrha	ge Cervical Laceration			
☐ Yes ■	No	·				☐ Infection	☐ Retained Products			
						Other (Spe	ecify)			
Pathological examin	nation	If yes, results:								
performed?  ■ Yes □	No	CHORIONIC VIL	LAE, GESTATIO	ONAL SAC		Did this terminat	ion of pregnancy result in a maternal death?			
				Type of Term	ination Procedur	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Terminated I	Pregnancy			
Medical (Nons						(Nonsurgical) Mifepristo				
Medical (Nonsi						(Nonsurgical) Misoprosto (Nonsurgical) Other (Spe				
■ Medical (Surgical) Suction Curettage							2002			
☐ Medical (Surgion	cal) Mer	strual Aspiration				(Surgical) Menstrual Asp	iration			
Medical (Surgio	car) Otno	er (Specify)			☐ Medical	(Surgical) Other (Specify				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) procedures, ans	wer the following question.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 wee	eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following q	questions.	If the previou	s question was answered	ves, complete the following questions.			
Was the fetus give ☐ Yes [		t opportunity to surv	vive?			us given the best opportunges  No	ity to survive?			
		ermination that the p					that the pregnant woman had a condition			
that required the pay	rocedure	to avert death or ser	ious impairment to	the pregnant	that required woman?	d the procedure to avert do	eath or serious impairment to the pregnant			
Date last normal me	enses beg	an	Ph	hysician estima	te of gestation (i	n weeks) Post 1	ertilization age of the fetus (in weeks)			
	03/	25/2018			7		5			
How were the gestar  ULTRASOUND EX	-	=	=							
1330112		- , ·								
Full name of physician performing termination										
DR. JEFFREY D. (			mb an and the state of the stat	4. 04-1- 7 .	- and-1					
Address of physician	-			ıy, state, and zip	o coae)					
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year):  05/14/2018									

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or		NAPOLIS		County of pregnand	cy termination ARION	
Patient's age**	Marrie	d I	Date of pregnancy term	mination	Educa	tion				
34		Yes No	05/11/20	)18		Н		ool Diploma or GE	D	
Race American Indian Native Hawaiian	or Othe		Asian Bla White Oth		an American	Unknown Number now d	Not 1	anic or Latino Hispanic or Latino	Unknown	
Live Births:			2			Number of ind		0		
Other Terminations	5.	umber of spontaneou	0	<u> </u>		Number of ma	uced terrin	1		
Dates of terminations	s ( <i>Do no</i> 2		ation. If more than six (			5.		6.		
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■ 1	No					<b>•</b> 1	None	☐ Uterir	ne Perforation	
F		TC ' 11 1' 1	<u> </u>			I	Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products	
							Other (Spe	cify)		
Pathological examina	ation	If yes, results:					· ( · · · · ·	-957		
performed?  • Yes  • 1		CHORIONIC VII	LAE, GESTATIONAL	SAC					11.10	
i i es	INO	OHORIONIO VIL	LAL, GLOTATIONAL	- OAO		Did this			It in a maternal death?	
			Тур	e of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Ter	minated P	regnancy		
☐ Medical (Nonsu						(Nonsurgical) N				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						(Nonsurgical) N (Nonsurgical) C				
■ Medical (Surgical) Suction Curettage ☐ Medical (Surgical)							on Curatta	100		
☐ Medical (Surgic	al) Mer	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi			
Medical (Surgic	al) Oth	er (Specify)			Medical	(Surgical) Othe	r (Specify)			
									_	
For Medical (Surgica	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proceed	lures, ansv	ver the following que	stion.	
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous questi	ion was	answered yes, compl	ete the following questi	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.	
Was the fetus giver ☐ Yes ☐		t opportunity to surv	ive?			us given the best Yes  No	opportuni	ty to survive?		
What was the basis	for dete	rmination that the pr	egnant woman had a co	ndition	What was th	he basis for deter	mination t	hat the pregnant won	nan had a condition	
			ous impairment to the p					ath or serious impair		
woman:					woman:					
Date last normal mer	nses hea	an	Physic	ian estimat	e of gestation (i	in weeks)	Poet fe	ertilization age of the	fetus (in weeks)	
Date last normal files	_	KNOWN	1 Hysic.	ian cominat	<b>7</b>	in recens	1 051 10	5	ious (in weeks)	
How were the gestati	·		C	·			-			
ULTRASOUND EX	AMIINA	HON, PELVIC EX	AIVIINA I IUN							
Full name of physician performing termination										
DR. JEFFREY D. G	LAZEF	<b>t</b>								
Address of physician 1201 N ARLINGTO			nber and street, city, sta	ate, and zip	code)					
1201 IV AINLINGTO	AVE	,	702 10							
**Date Reported t	**Date Reported to DCS, if Patient under 16 (month, day, year):									
_	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or to		ncy termination		County of pregnan	cy termination ARION
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educat	tion			
22 Race	[	Yes ■ No	05/11/20	18				ociate Degree	
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian Blace White Other		n American	Unknown Number now d	Not 1	anic or Latino Hispanic or Latino	Unknown
Live Births:			0			Number of ind		0	
Other Termination	15.	umber of spontaneou	0	•		Number of ma	uced terrin	0	
Dates of termination	is (Do no		ation. If more than six (6			5.		6.	
Fetus delivered alive	e?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination
☐ Yes ■	No					<b>•</b> 1	None	☐ Uterii	ne Perforation
F ( 1110		TC : 11 1: 1				I	Hemorrhag	ge 🔲 Cervi	cal Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	☐ Retain	ned Products
						- $        -$	Other (Spe	cify)	
Pathological examin	ation	If yes, results:					` 1		
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did thi	a tamainati	on of macononav accu	It in a maternal death?
	110					☐ Ye			It in a maternal death?
			Турс	e of Termin	ation Procedur	res			
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy	
☐ Medical (Nonsu						(Nonsurgical) N			
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C			
■ Medical (Surgical) Suction Curettage									
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Othe	strual Aspi	ration	
Medical (Surgio	cai) Oin	er ( <i>specify</i> )			Medical	(Surgical) Othe	r ( <i>spec</i> ify)		
									<u> </u>
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.					ver the following que	
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes □ No	a post fer	tilization age at least	20 weeks?
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	inswered y	es, complete the follo	owing questions.
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fetu	us given the best	opportuni	tv to survive?	
☐ Yes [		7				Yes No	11	,	
			regnant woman had a con ous impairment to the pr					that the pregnant wor	
woman?	rocedure	to avert death of sen	ous impairment to the pa	regnam	woman?	a the procedure t	o avert de	aur or serious impair	ment to the pregnant
Date last normal me	_		Physici	an estimate	of gestation (ii	n weeks)	Post fe	ertilization age of the	fetus (in weeks)
How were the gestat		02/2018 e and post fertilizatio	n age determined?		10			8	
ULTRASOUND EX	U	•	C						
Full name of physici				_			_		
			nber and street, city, sta	te, and zip o	code)				
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219						
**D . D	4- DCC	:f.D.							
_			6 (month, day, year):				······································	_,	
DATE RECEIVE	ED BY	ISDH (month, day,	year): U5/14/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219					of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION				
Patient's age**	Marrie		Date of pregnancy term		Educat	ion	Somo C	pllogo No Dograo		
Race American Indian Native Hawaiian Live Births:	n or Alas		05/11/20 <sup>-</sup> ☐ Asian ☐ Blac  ■ White ☐ Other	k or Africa	n American	Unknow Number no	Ethnicity Hisp Not	ollege, No Degree  y anic or Latino Hispanic or Latino Unknown		
Other Termination	ns: N	umber of spontaneou				Number of	induced termi	-		
Dates of termination	ns (Do no		ation. If more than six (6)		,					
Fetus delivered alive Yes Fetus viable?		If yes, length of ti	me fetus survived:	4			Complia  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  ee Cervical Laceration		
Pathological examin performed?	nation	If yes, results: CHORIONIC VIL	LAE, GESTATIONAL	SAC			☐ Infection ☐ Retained Products ☐ Other (Specify) ☐ Did this termination of pregnancy result in a maternal deat			
							Yes I N			
			Tyne	of Termin	ation Procedur	es				
Procedure that Term	ninated P	regnancy	13,00		Additional Pro		Terminated P	regnancy		
					☐ Medical ☐ Medical	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				
Medical (Surgion Medica	cal) Mer	strual Aspiration			Medical	(Surgical) M	uction Curetta lenstrual Aspi ther (Specify)	ration		
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) pro	cedures, ansv	ver the following question.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			fetus viable or have a post fertilization age at least 20 weeks?  Yes No				
If the previous quest	tion was	answered yes, comp	lete the following questio	ons.	If the previous	s question wa	as answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			is given the b		ty to survive?		
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal me	meas bag	an .	Physicia	an actimata	of gestation (ii	n waaks)	Post fe	ertilization age of the fetus (in weeks)		
Date last normal me	_	an KNOWN	Physicia	csiiiiate	6 <b>6</b>	. weeks)	rost 16	4		
C	How were the gestational age and post fertilization age determined?  JLTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physician performing termination  DR. JEFFREY D. GLAZER										
	n perforn	ning termination (nu	mber and street, city, stat	te, and zip o	code)					
•			6 (month, day, year):					_		
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or t	town, of pregnancy termination INDIANAPOLIS County of pregnancy terminat MARION				
Dotion4?	Γ	Data of	imati.	T 1	tio			
Patient's age** 23	Married ☐ Yes ■ No	Date of pregnancy term <b>05/11/20</b> 1		Educa	tion		elor's Degree	
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino	
Live Births:	Number now living	0			Numb	per now deceased	0	
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 1	
	ns (Do not include this termin	*		ost recent.)				
1. 2014 Fetus delivered alive		me fetus survived:		4		5Complie	eation(s) of Pregnancy Termination	
Yes •	J,	me ietus surviveu.				■ None	Uterine Perforation	
						☐ Hemorrhag		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:					_	
☐ Yes ■	No					☐ Infection	Retained Products	
D.d. 1 . 1	TC 1					Other (Spec	rify)	
Pathological examin performed?	ation If yes, results:							
☐ Yes ■	No					Did this termination  ☐ Yes  ■ No	on of pregnancy result in a maternal death?	
	1							
		Туре	of Termin	nation Procedu	res			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	egnancy	
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e	
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)	
				_	`			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	GP.	
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	(al) Menstrual Aspi (al) Other (Specify)	ration	
iviedicai (Surgio	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other (specify)		
	1) 1				(G :	1\ 1	4.00	
	eal) procedures, answer the fo						er the following question.	
Was the fetus viab ☐ Yes [	le or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.	
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?	
	s for determination that the p	regnant woman had a con	dition	_		_	hat the pregnant woman had a condition	
	rocedure to avert death or ser						th or serious impairment to the pregnant	
woman:				woman:				
Date last normal me	enses began	Physicia	ın estimate	e of gestation (i	n week	s) Post fe	rtilization age of the fetus (in weeks)	
	03/14/2018			6			4	
How were the gestat  ULTRASOUND EX	tional age and post fertilization	on age determined?						
Full name of physician performing termination								
DR. JEFFREY D. O	<b>GLAZER</b> n performing termination (nu	mher and street city stat	e and zin	code)				
* *	ON AVE, INDIANAPOLIS,	•	., απα <i>μ</i> ιρ	couc,				
_	to DCS, if Patient under						-	
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):05/14/2018					_	

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, DIANAPOLIS, IN, 46219				ncy teri	mination .IS	County of pregnancy termination  MARION		
			1						
Patient's age** 24	Married	Date of pregnancy term 05/11/20		Educa	tion	High Cab	ool Dinloma or GED		
Race	<u> </u>					Ethnicit			
☐ American Indiar☐ Native Hawaiiar	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ■ White ☐ Other	k or Africar er	n American	∏ Un		ianic or Latino  Hispanic or Latino    Unknown		
Live Births:	Number now living	3				per now deceased	0		
Other Termination	Number of spontaneo				Numb	per of induced term			
Dates of termination	ns (Do not include this termin			t recent.)			0		
Fetus delivered alive		ime fetus survived:	4.			5Compli	cation(s) of Pregnancy Termination		
Yes Yes	, ,	ine retus sur viveu.				■ None	☐ Uterine Perforation		
						☐ Hemorrha	<u> </u>		
Fetus viable?		reason for termination:					_		
☐ Yes ■	INO					☐ Infection	Retained Products		
D.d. 1 . 1	.: IC 1			Other (Specify)					
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this terminat  ☐ Yes ■ N	ion of pregnancy result in a maternal death?		
		Туре	e of Termina	ntion Procedur	res				
Procedure that Term	ninated Pregnancy		T	Additional Pr	ocedure	e that Terminated F	regnancy		
	urgical) Mifepristone					rgical) Mifepristo			
Medical (Nonst		■ Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spe	ıl				
iviedicai (Nolist	urgical) Other (Specify)			Wiedicai	(INOIISU	igical) Other (spe	<i>(19)</i>		
	cal) Suction Curettage cal) Menstrual Aspiration			■ Medical	(Surgic	al) Suction Curett al) Menstrual Asp	iration		
☐ Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify,			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	(Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	blete the following question	ons.	If the previou	ıs questi	ion was answered y	res, complete the following questions.		
Was the fetus give	en the best opportunity to sur  No	vive?			us giver Yes [	n the best opportun  No	ity to survive?		
What was the basis	s for determination that the p	oregnant woman had a cor	ndition	What was th	he basis	for determination	that the pregnant woman had a condition		
that required the property woman?	rocedure to avert death or ser	rious impairment to the pr	regnant	that require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in weeks	s) Post f	ertilization age of the fetus (in weeks)		
	03/15/2018			8		, , , , ,	6		
_	tional age and post fertilization (AMINATION, PELVIC EX	-							
JEINAGOUND EA	a anniversion, i LLVIO EA								
Full name of physic	Full name of physician performing termination								
DR. JEFFREY D. C		7							
	n performing termination (nu DN AVE, INDIANAPOLIS,	•	te, and zip c	oae)					
	· · · · · · · · · · · · · · · · · · ·								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE DECEIVI	DATE RECEIVED BY ISDH (month, day, year). 05/14/2018								

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or to		ncy termination		County of pregnan	cy termination ARION	
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion				
23 Race		Yes No	05/11/20	18				ociate Degree		
☐ American Indian ☐ Native Hawaiian	or Othe		Asian Blace White Other	ck or African er	n American	Unknown Number now d	■ Not I	anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	0			Number of ind		nations		
Other Termination	ъ.		ation. If more than six (6	1 4/200 1100	4 400 044 )	Number of ma	ucca termi	1		
1. <b>2011</b>	is ( <i>Do no</i> 		anon. If more than six (0			5		6		
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■ 1	No					1	None	☐ Uterii	ne Perforation	
Fetus viable?		If wishle medical	reason for termination:			I	Hemorrhag	ge 🔲 Cervi	cal Laceration	
Yes Yable?	No	ii viable, medicai	reason for termination:				nfection	☐ Retain	ned Products	
							Other (Spec	cify)		
Pathological examin	ation	If yes, results:					` *			
performed?  ■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	torminati	on of prognancy recy	It in a maternal death?	
	140					☐ Yes			It in a maternal death?	
			Туро	e of Termina	tion Procedur	es				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy		
☐ Medical (Nonsu					(Nonsurgical) N					
Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C				
■ Medical (Surgical) Suction Curettage							100			
☐ Medical (Surgio	cal) Mer	strual Aspiration				(Surgical) Mens	strual Aspi			
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)			
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	Surgical) proceed	lures, answ	ver the following que	stion.	
Was the fetus viab		e a post fertilization	age at least 20 weeks?			the fetus viable or have a post fertilization age at least 20 weeks?  Yes No				
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.	
Was the fetus given Yes		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?		
What was the basis	s for dete	ermination that the pr	egnant woman had a cor	ndition	What was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition	
			ous impairment to the pr					ath or serious impair		
					Jiidii :					
Date last normal me	nses heo	an	Physici	an estimate o	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)	
	03/	22/2018			6	/	2 331 10	4	(	
How were the gestat	_		C							
ULTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physician performing termination										
DR. JEFFREY D. G	SLAZEF	R								
Address of physician 1201 N ARLINGTO		,	nber and street, city, sta IN 46219	te, and zip c	ode)					
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018										

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Patient's ages**   Maulicial   Var.   No.   Ost 1/1/2018   Ost 1/1/2018   High School Djoloma or GED	Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, IDIANAPOLIS, IN, 46219					r town, of pregnancy termination INDIANAPOLIS County of pregnancy terminatio MARION				
Activities	Patient's age**	14 .	.1	Date of pregnancy t	ermination	Educa	tion				
Autocare fordament of Alambas, Sarleve   White   White   Other   Control of	_	_				Educa		gh Scho	ool Diploma or GED		
Other Terminations:    Disco of communitions the not related this termination.   Boson shows (s), those most recent.	American Indian Native Hawaiian	or Othe	r Pacific Islander	White 0		can American		Hisp Not l	anic or Latino Hispanic or Latino  Unknown		
Description		N N	umber of spontaneou				Number of indu	ced termi			
Fetta delivered alive?			ot include this termin	0 ation. If more than si	x (6), those m	nost recent.)			1		
Ves   No	ı. <b>2016</b>	2	1	3		4	5		6		
Hemorrhage   Cervical Laceration   Petros viable?   No   If viable, medical reason for termination:   Infection   Retained Products   Other (Specify)   Other (Specify)			If yes, length of ti	me fetus survived:				1	_		
Fetus viable?   If viable, medical reason for termination:       Infection     Retained Products							I■ N	one	Uterine Perforation		
Pathological examination   Foreign   Pathological examination   Procedures   Procedure	Fetus viable?		If viable, medical	reason for termination	n:		П	emorrhag	ge Cervical Laceration		
Pathological examination performed   Nes   No   No   CHORIONIC VILLAE, GESTATIONAL SAC   Did this termination of pregnancy result in a maternal death?   Yes   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N	☐ Yes ■	No					☐ In	fection	☐ Retained Products		
Procedure that Terminated Pregnancy result in a maternal death?   Procedure that Terminated Pregnancy (Press							O	ther (Spe	cify)		
Procedure that Terminated Pregnancy		nation	If yes, results:								
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual A	*	No	CHORIONIC VIL	LAE, GESTATION	AL SAC						
Medical (Nonsurgical) Mirepristone   Medical (Nonsurgical) Mirepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medica											
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrand Aspiration   Medical (Surgical) Procedures, answer the following question.   For Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   No   No   No   No   No   No   No   N				Т	ype of Term	ination Procedur	res				
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedure on severe the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Medical (Surgical) Procedure on severe	Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Tern	ninated P	regnancy		
Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Wes   No   No   No   No   No   No   No   N											
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Medical (Surgical) Procedure was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Wes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   11  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Medical (Surgical) Procedure was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Wes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   11  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	Medical (Surgi	tion Curettage			(Surgical) Suction	n Curetta	gge.				
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No     Yes   No     Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)     Total mame of physician performing termination     DR. JEFFREY D. GLAZER     Address of physician performing termination (number and street, city, state, and zip code)     Total Medical (Surgical) procedures, answer the following question.    Was the fetus viable or have a post fertilization age at least 20 weeks?     Was the fetus viable or have a post fertilization age at least 20 weeks?     Was the fetus given the best opportunity to survive?     Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?	Medical (Surgi	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Menst	rual Aspi	ration		
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   Yes   No   Yes   No     Was the fetus given the best opportunity to survive?   Yes   No   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   No   No   No   No   No   No   N		cai) Oui	er (specify)			Medicai	(Surgical) Other	(ѕресіју)			
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   Yes   No   Yes   No     Was the fetus given the best opportunity to survive?   Yes   No   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   No   No   No   No   No   No   N		1									
Yes									0.1		
Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity of the survive?  Was the fetus given the best opportunity of the survive?  Was the fetus given the best opportunity of the survive?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  11  11  Put Rasound Examination (in weeks)  Post fertilization age of the fetus (in weeks)  11  11  Put Rasound Examination (in weeks)  12  Post fertilization age of the fetus (in weeks)  13  11  Put Rasound Examination (in weeks)  Post fertilization age of the fetus (in weeks)  11  11  National Examination (in weeks)  Post fertilization age of the fetus (in weeks)  12  Post fertilization age of the fetus (in weeks)  13  National Examination (in weeks)  Post fertilization age of the fetus (in weeks)  13  National Exami			re a post fertilization	age at least 20 weeks	?						
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  UNKNOWN  Physician estimate of gestation (in weeks)  UNKNOWN  13  Post fertilization age of the fetus (in weeks)  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	If the previous quest	tion was	answered yes, comp	lete the following que	estions.	If the previou	s question was an	swered y	es, complete the following questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  UNKNOWN  Physician estimate of gestation (in weeks)  13  11  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219			st opportunity to surv	rive?				opportuni	ty to survive?		
that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  UNKNOWN  Physician estimate of gestation (in weeks)  UNKNOWN  13  Post fertilization age of the fetus (in weeks)  11  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219		_	· · · · · · · · · · · · · · · · · · ·		1141		_		1.4		
Date last normal menses began  UNKNOWN  13  Physician estimate of gestation (in weeks)  13  11  How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	woman?					woman?					
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219				T							
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION  Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	Date last normal me	_		Phys	sician estima	-	n weeks)	Post fe	_		
Full name of physician performing termination  DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	_	tional ag	e and post fertilization	=				_1			
DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION							
DR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)  1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	E.11	: ^									
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219		_	-								
		•		•	state, and zip	code)					
**Date Reported to DCS, if Patient under 16 (month, day, year):	1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219							
**Date Reported to DCS, if Patient under 16 (month, day, year):											
**Date Reported to DCS, if Patient under 16 (month, day, year):											
**Date Reported to DCS, if Patient under 16 (month, day, year):											
Date reported to Des, if ration under 10 (month, day, year).	**Data Dan 1	**Data Panorted to DCS if Patient under 16 (month day year)									
DATE RECEIVED BY ISDH (month, day, year): 05/14/2018	_				•				_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					town, of pregna		l	County of preg	gnancy MAR		
The state of the s	ı				151						
Patient's age**  34	Marrie	ed □ Yes ■ No	Date of pregnancy term <b>05/11/20</b>		Educa	ition		Bach	elor's Degree		
Race American Indian Native Hawaiian	n or Alas	ska Native		ck or Afric	an American	□ I In	ıknown	Ethnicity  Hispa			Unknown
Live Births:		Sumber now living	0	101				deceased	0	10	Спаноми
Other Termination	ns: N	lumber of spontaneo				Numl	per of inc	luced termin	nations		
		ot include this termin	0 nation. If more than six (	6), those m	ost recent.)				1		
ı. <b>2003</b>		2	3	·	4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Preg	nancy 7	Fermination
☐ Yes ■	No				■ None ☐ Uterine Peri					Perforation	
Fetus viable?		If viable medical	reason for termination:					Hemorrhag	e 🗆 C	ervical	Laceration
Yes •	No	ii viable, illedical	reason for termination.			☐ Infection ☐ Retained Product					d Products
							П	Other (Spec	cify)		
Pathological examir	nation	If yes, results:						(-1	337		
performed?	NI-	CHORIONIC VII	LAE, GESTATIONAL	SAC							
■ Yes	NO	CHOING VIE	LAL, GEOTATIONAL	- 040	Did this termination of pregnancy result in a maternal of Yes No						n a maternal death?
			Тур	e of Termi	nation Procedu	res					
Procedure that Term	ninated P	Pregnancy			Additional P	rocedur	e that Te	rminated Pr	regnancy		
Medical (Nons								Mifepriston			
☐ Medical (Nons) ☐ Medical (Nons)					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgi	cal) Suc	tion Curettage			Medical	(Surgic	eal) Suct	ion Curetta	ge.		
Medical (Surgi	cal) Me	nstrual Aspiration				(Surgic	al) Men	strual Aspir er (Specify)			
Medical (Surgi	cai) Oii	ен (зресцу)			Wiedicai	(Surgic	ai) Oui	н (Specify)			
Eor Madical (Surgic	no1) progr	edures, answer the fo	llowing question		For Medical	(Suraia	ol) proce	duras answ	er the following		on
	, I	,	<i>C</i> 1								
Was the fetus viab		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						weeks?
If the previous ques	tion was	answered yes, comp	lete the following questi	ons.	If the previou	ıs quest	ion was	answered ye	es, complete the	followi	ing questions.
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us givei Yes [		t opportunit	ty to survive?		
				4:4:					h - 4 4 h -		. 1
that required the p			regnant woman had a co rious impairment to the p		that require						n had a condition nt to the pregnant
woman?					woman?						
					<u> </u>						
Date last normal me	_	gan /23/2018	Physic	ian estimat	e of gestation (	in week.	s)	Post fe	rtilization age of	f the fet	rus (in weeks)
How were the gesta		e and post fertilization	on age determined?		•						
ULTRASOUND EX											
Full name of physic	-	•									
			mber and street, city, sto	ate, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/14/2018						_		

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or to		ncy termination		County of pregnancy termination MARION			
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educat	tion					
24 Race		☐ Yes ■ No	05/11/20	18			Some Co	ollege, No Degree			
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian Blace Other		nn American	Unknown Number now d	☐ Hispa ■ Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:			2			Number of ind		0			
Other Termination	15.	umber of spontaneou	1			Number of ma	ucea terrir	0			
Dates of termination 1. <b>2013</b>	is ( <i>Do no</i>		ation. If more than six (6			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					1	■ None ☐ Uterine Perforation				
F ( 1110		TC : 11 1: 1				D	☐ Hemorrhage ☐ Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examin	ation	If yes, results:		— Guid (specify)							
performed?  • Yes		CHORIONIC VII	LAE, GESTATIONAL	SAC		B:1.1:			11.10		
i i i es	NO	OHOMOMO VIE	LAL, GLOTATIONAL	- OAO		Did this			It in a maternal death?		
			Туро	e of Termin	nation Procedur	res					
Procedure that Term	regnancy		Additional Pr	ocedure that Ter	minated Pr	regnancy					
☐ Medical (Nonsu						(Nonsurgical) N					
Medical (Nonsu  Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
	<i>G</i> ,	(-F J)				( 8 ,	· · ( <b>T</b> · ·	337			
Medical (Surgional Control Contro	201) <b>S</b> ua	tion Curattaga			☐ Madiaal	(Surgical) Sucti	on Curatta	100			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			Medical	(Surgical) Mens	strual Aspi				
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)				
									_		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Medical (Surgical) procedures, answer the following question.					
Was the fetus viab		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
What was the basis	s for dete	ermination that the pr	regnant woman had a cor	ndition	What was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition		
			ious impairment to the p					ath or serious impair			
					omuii						
Date last normal me	nses bee	an	Physici	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
	03/	19/2018		Istimute	7	/	2 350 10	5	( Toolay		
How were the gestat	·	•	C								
OLINAGOUND EX	A VIIII	, I LLVIO EX									
Full name of physici	ian perfo	rming termination									
DR. JEFFREY D. C	GLAZEF	₹									
Address of physician 1201 N ARLINGTO		•	mber and street, city, sta IN 46219	te, and zip	code)						
		<del></del> -	-								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018										

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Facility Name and Addr THE WOMEN'S MED CENTER ( INDIANAPOLIS, IN, 46219	ess Of Indianapolis - 1201 n ar	LINGTON AVE,	City or tov		ncy termination		County of pregnan	cy termination ARION	
r				r					
Patient's age** 32 Race	arried  Yes No	Date of pregnancy term 05/11/20		Educat		ligh Scho	ol Diploma or GE	D	
American Indian or .  Native Hawaiian or .		Asian Blace Other	ck or African er	American	Unknown	☐ Hispa	nnic or Latino Hispanic or Latino	Unknown	
Live Births:	Number now living	3			Number now d	eceased	0		
Other Terminations:	Number of spontaneou				Number of ind	uced termin	nations 0		
Dates of terminations (D	Oo not include this termin	ation. If more than six (6	5), those most	recent.)	5.		6.		
Fetus delivered alive?	If yes, length of tin					Complic	cation(s) of Pregnanc	cy Termination	
☐ Yes ■ No				■ None ☐ Uterine Perforati					
F 4 11.0	16 : 11 1: 1			☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?  Yes • No	if viable, medical	reason for termination:		☐ Infection ☐ Retained Products					
						Other (Spec	cify)		
Pathological examination	n If yes, results:								
performed?  • Yes • No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	s terminatio	on of pregnancy resu	Ilt in a maternal death?	
					☐ Yes				
			C.T. :	p :					
D 1 3 7 7	1.0	Туро		tion Procedur					
Procedure that Terminat			4	_	ocedure that Ter				
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsur	cal) Misoprostol			Medical	(Nonsurgical) N (Nonsurgical) N	/lisoprostol			
Medical (Nonsurgio	cal) Other (Specify)			Medical	(Nonsurgical) C	Other (Spec	ify)		
Medical (Surgical)  Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Sucti (Surgical) Mens			_	
Medical (Surgical)			i		(Surgical) Othe				
For Medical (Surgical) p	procedures, answer the fol	lowing question.		For Medical (	Surgical) proced	lures, answ	er the following que	estion.	
Was the fetus viable or ☐ Yes ■ 1	r have a post fertilization No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question	was answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	ive?			us given the best	opportunit	y to survive?		
	determination that the pr	egnant woman had a cor	ndition	_	_	mination th	hat the pregnant wor	nan had a condition	
that required the proce	dure to avert death or seri			that required				ment to the pregnant	
woman?				woman?					
Date last normal menses	began	Physici	an estimate o	of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)	
	UNKNOWN		commune (	9		1 051 10	7		
How were the gestational	al age and post fertilization	-							
	,	<u>-</u>							
Full name of physician p									
DR. JEFFREY D. GLA Address of physician per	AZER rforming termination (num	nber and street, city, sta	te, and zip co	ode)					
1201 N ARLINGTON	-		- x **	•					
**Date Reported to I	OCS, if Patient under 1	6 (month, day, year): _							
DATE RECEIVED	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018								

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	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219					ncy ter	mination LIS	County of pregnancy termination MARION
Dotion4?	T _		Data -f	i'	1	ele		
Patient's age** 31	Marrie [	d Yes • No	Date of pregnancy te. 05/11/2		Educa	tion		elor's Degree
Race American Indian Native Hawaiian				ack or Afric	can American	☐ Ur		y anic or Latino Hispanic or Latino ☐ Unknown
Live Births:	Nı	umber now living	0			Numl	ber now deceased	0
Other Termination	ns: Nu	umber of spontaneou	is terminations			Numl	ber of induced termi	nations 0
Dates of termination			ation. If more than six			ı	_	
Fetus delivered alive		I	me fetus survived:		4		5 Complie	cation(s) of Pregnancy Termination
☐ Yes ■	No	, , ,					■ None	☐ Uterine Perforation
							Hemorrhag	e Cervical Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termination	:			☐ Infection	☐ Retained Products
							Other (Spec	
Pathological examin	nation	If yes, results:						
performed?  ■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONA		Did this terminati	on of pregnancy result in a maternal death?		
	•			Yes N				
			Ту	pe of Term	ination Procedu	res		
Procedure that Term	ninated Pr	regnancy			Additional Pr	rocedur	e that Terminated P	regnancy
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu	nrgical) Mifepriston nrgical) Misoprosto	e
Medical (Nonst					Medical Medical	(Nonsu	rgical) Other (Spec	ify)
Medical (Surgional Control of the Control of t					☐ Medical	(Surgio	cal) Suction Curetta	ge
☐ Medical (Surgion Med		strual Aspiration er (Specify)			☐ Medical ☐ Medical	(Surgio	cal) Menstrual Aspi cal) Other (Specify)	ration
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) procedures, answ	ver the following question.
	_		age at least 20 weeks?				•	tilization age at least 20 weeks?
	■ No	F	6			Yes [		
If the previous quest	tion was a	answered yes, comp	lete the following ques	tions.	If the previou	ıs quest	ion was answered y	es, complete the following questions.
Was the fetus give ☐ Yes [		t opportunity to surv	vive?			us give Yes [	n the best opportuni	ty to survive?
	_	rmination that the n	regnant woman had a c	ondition	_	_		hat the pregnant woman had a condition
			ious impairment to the		that require			ath or serious impairment to the pregnant
woman?					woman?			
Date last normal me	enses beg	an	Physi	cian estima	te of gestation (a	in week	s) Post fe	ertilization age of the fetus (in weeks)
	UNI	KNOWN		Commu	9		7 050 10	7
How were the gestat  ULTRASOUND EX	_	-	-					
JETHAGOOND EA								
Full name of physic	ian perfo	rming termination						
DR. JEFFREY D. (			mbay and ature to the	tata au I ·	a ands)			
1201 N ARLINGTO	-	•	mber and street, city, s IN 46219	ыне, ana zij	э соие)			
**Date Reported	to DCS,	if Patient under 1	6 (month, day, year):					-
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/14/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or t	own, of pregna	•		County of pregnancy termination MARION		
Dotion4?	Γ	Data of	inati	F 1	tia				
Patient's age** 32	Married ☐ Yes ■ No	Date of pregnancy term <b>05/11/20</b> 1		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	2			Numb	per now deceased	0		
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 1		
	ns (Do not include this termin	*		ost recent.)					
1. 2011 Fetus delivered alive		me fetus survived:		4		5Complie	cation(s) of Pregnancy Termination		
Yes •	J,	me ietus sui viveu.				■ None	Uterine Perforation		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_		
☐ Yes ■	No					☐ Infection	Retained Products		
	. 70			Other (Spec	cify)				
Pathological examin performed?	ation If yes, results:								
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		Туре	of Termir	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	re-		
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgio	cai) Other ( <i>Specify</i> )			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, answ	er the following question.		
Was the fetus viab	le or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was answered yo	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	ry to survive?		
	s for determination that the p	rognant woman had a gan	dition	_	_	_	hat the pregnant woman had a condition		
that required the pr	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
D-t-1									
Date last normal me	enses began UNKNOWN	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7		
_	tional age and post fertilization	on age determined?				l .			
ULTRASOUND EX	KAMINATION								
Full name of physics	ian performing termination						i		
DR. JEFFREY D. (									
* *	n performing termination (nu	•	e, and zip	code)					
IZUI N AKLINGIC	ON AVE, INDIANAPOLIS,	114 402 19							
**Date Reported	to DCS, if Patient under	6 (month, day, year):							
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/15/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF IN INDIANAPOLIS, IN, 46219	NDIANAPOLIS - 1201 N AR	RLINGTON AVE,	City or to		ncy termination		County of pregnan	ncy termination  ARION		
De de est		l D		1 = -	.•					
Patient's age** 30  Race	ed □ Yes ■ No	Date of pregnancy terr 05/11/20		Educat	tion	<b>Mas</b> Ethnicity	ter's Degree			
American Indian or Alas	er Pacific Islander	☐ Asian ☐ Bla  ■ White ☐ Oth		n American	Unknown	☐ Hispa ■ Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	2			Number now d		0			
Other Terminations:	Number of spontaneou	us terminations			Number of ind	uced termii	nations 0			
Dates of terminations (Do no.	ot include this termin	ation. If more than six (6	6), those mo	st recent.)	5		6			
Fetus delivered alive?	If yes, length of ti	me fetus survived:				Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ No					ne Perforation					
T : :11 0	TC : 11 1: 1			☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
						Other (Spec	cify)			
Pathological examination	If yes, results:									
performed?	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	s terminatio	on of pregnancy resi	ult in a maternal death?		
					☐ Yes			nt in a maternal death:		
Type of Termination Procedures										
Procedure that Terminated I	Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy			
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)					(Nonsurgical) N					
Medical (Nonsurgical)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suc				Medical	(Surgical) Sucti	on Curetta	ge			
Medical (Surgical) Me Medical (Surgical) Oth					(Surgical) Mens (Surgical) Other		ration			
For Medical (Surgical) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) proced	lures, answ	er the following que	estion.		
Was the fetus viable or hav	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	answered yes, comp	lete the following questi	ons.	If the previou	s question was a	nswered ve	es, complete the follo	owing questions.		
Was the fetus given the be		• •		•	us given the best	•	•			
☐ Yes ☐ No	11 2				res 🗌 No	11	•			
What was the basis for det that required the procedure								man had a condition ment to the pregnant		
woman?	to avert death of ser	ious impairment to the p	regnant	woman?	a the procedure t	o avert dea	an or serious impair	ment to the pregnant		
Date last normal menses beg	gan /10/2018	Physic	ian estimate	of gestation (ii	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the gestational ag		on age determined?		10						
ULTRASOUND EXAMINA	ATION, PELVIC EX	AMINATION								
Full name of physician performance DR. JEFFREY D. GLAZE	R									
Address of physician performation ARLINGTON AVE			ate, and zip	code)						
	,	· ·								
**Date Reported to DCS	S, if Patient under 1	16 (month, day, year): _					-			
DATE RECEIVED BY ISDH (month, day, year): 05/15/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1:	Cit	y or town, of pregn	ancy termination	County of pregnancy termination MARION					
Patient's age**	Mon-i- d	Date of pres	nancy termination	on Educa	ntion					
18	Married ☐ Yes ■	No Date of preg.	05/11/2018	on Educa	uion	9th-12	2th, No Diploma			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islan Number now li	ving	Other	African American	Unknown Number now d	■ Not	anic or Latino Hispanic or Latino  Unknown			
Other Termination	Number of spo	ntaneous terminations			Number of ind	uced term				
	ns (Do not include this	termination. If more	than six (6), tho	se most recent.)		0				
1	2	3		4	56					
Fetus delivered alive	, , ,	th of time fetus survi	ved:		Complication(s) of Pregnancy Term					
					■ None ☐ Uterine Perforation					
Fetus viable?	If viable, n	nedical reason for terr	nination:			Hemorrhag	ge Cervical Laceration			
☐ Yes ■	No				1	☐ Infection ☐ Retained Products				
				Other (Specify)						
Pathological examin	nation If yes, resu	lts:								
performed?  • Yes	No CHORION	IC VILLAE, GESTA	;	Did this termination of pregnancy result in a maternal death?						
					☐ Ye					
			Type of T	ermination Procedu	res					
Procedure that Term	ninated Pregnancy			Additional P	rocedure that Ter	minated P	regnancy			
	urgical) Mifepristone				(Nonsurgical) N					
	urgical) Misoprostol urgical) Other (Specif	ÿ)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgi	cal) Suction Curettage	e			(Surgical) Sucti	ion Curetta	age			
☐ Medical (Surgion	cal) Menstrual Aspira			☐ Medica	(Surgical) Men (Surgical) Othe	strual Asp	iration			
Wiedlear (Burgh	car) Onici (Specify)			Wiedlean	(Burgicur) Ourc	і (Бресіју)				
					(2 . 1)					
	cal) procedures, answe				, , , ,		wer the following question.			
Was the fetus viab ☐ Yes ☐	ole or have a post fertil  No	ization age at least 20	) weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes	. complete the follow	ing questions.	If the previo	us question was a	inswered v	res, complete the following questions.			
	en the best opportunity		8 1		us given the best	•				
Yes [		to survive:			Yes No	оррогии	ity to survive:			
	s for determination that						that the pregnant woman had a condition			
that required the page woman?	rocedure to avert death	n or serious impairme	ent to the pregna	nt that require woman?	ed the procedure	to avert de	ath or serious impairment to the pregnant			
Date last normal me	enses began		Physician est	timate of gestation (	in weeks)	Post f	ertilization age of the fetus (in weeks)			
	03/26/2018		1	7			5			
_	tional age and post fer <b>(AMINATION, PELV</b>	_								
	- ,- <del>-2</del> -									
Full name of physic	ian performing termin	ation								
DR. JEFFREY D. (		/ 1 · · ·		J -: 1 \						
	n performing terminat  ON AVE, INDIANAP		ει, cιτy, state, an	и гір соае)						
**Date Reported	to DCS, if Patient u	ınder 16 (month, day	v, year):				_			
DATE RECEIVED BY ISDH (month, day, year): 05/15/2018										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					ancy ter	rmination LIS	County of pregnancy termination MARION		
Patient's age**	Marrie	d	Date of pregnan	ncy termination	Educ	ation				
19	_	Yes No		5/11/2018				ool Diploma or GED		
Race American Indian Native Hawaiian	or Othe		=	Black or Af	rican American			y anic or Latino Hispanic or Latino		
Live Births:	Ni	umber of spontaneou	0 is terminations			Num	ber of induced termi	nations 0		
Other Termination  Dates of termination	15.		0	ın sir (6) those	most recent			0		
1			Ť.				5	6		
Fetus delivered alive		If yes, length of ti	me fetus survived	1:			Complie None	cation(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?		If viable, medical	ragger for termin	entions			Hemorrhag	e Cervical Laceration		
Yes Yes	No	ii viable, illedical	reason for termin	auon:			☐ Infection	☐ Retained Products		
							Other (Spec	cify)		
Pathological examination										
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATI	ONAL SAC		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
<u> </u>										
				Type of Ter	mination Procedu	ires				
Procedure that Term	ninated Pr	regnancy			Additional P	rocedur	e that Terminated P	regnancy		
☐ Medical (Nonst							urgical) Mifepriston			
Medical (Nonsu							urgical) Misoprosto urgical) Other (Spec			
_ `	<i>U</i> ,	1 327			_	`		<i>477</i>		
Medical (Surgional Control Contro	aal) Suat	ion Curattaga			-   Madian	l (Curai	cal) Suction Curetta			
Medical (Surgio	cal) Men	strual Aspiration				l (Surgio	cal) Menstrual Aspi	ration		
Medical (Surgio	cal) Othe	er (Specify)			☐ Medica	l (Surgio	cal) Other (Specify)			
					_					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) procedures, answ	ver the following question.		
	le or hav	e a post fertilization	age at least 20 we	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previo	us quest	tion was answered y	es, complete the following questions.		
	n the bes	t opportunity to surv	vive?			tus give Yes [	n the best opportuni	ty to survive?		
	_	rmination that the p	reanant woman he	ad a condition		_		hat the pregnant woman had a condition		
that required the pr		to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?					woman?					
Data last na1	ngas L -	20	Ι,	Dhyaisian+'	anto of cont-ti-	·	rg) D/ C	prtilization ago of the fotoe (in the late)		
Date last normal me	_	an KNOWN		rnysician estin	nate of gestation (	ın week	Post fe	ertilization age of the fetus (in weeks)  11		
How were the gestat	_	=	-	1?			L			
ULTRASOUND EX	KAMINA	TION, PELVIC EX	AMINATION							
Full name of physics	ian norfo	rming termination								
Full name of physicion DR. JEFFREY D. C	_	-								
Address of physician	•			city, state, and	zip code)					
1201 N ARLINGTO	∕N AVE,	INDIANAPOLIS,	114 40219							
**Date Reported	to DCS,	if Patient under 1	6 (month, day, ye	ear):						
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/15/2018									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219					ancy ter	mination LIS	County of pregnancy termination MARION		
Patient's age**	Married	1	Date of pregnar	ncv termination	Educa	ation				
21		Yes No		5/11/2018				nelor's Degree		
Race American Indian Native Hawaiian	or Other		Asian White	☐ Black or Af	rican American			y vanic or Latino Hispanic or Latino		
Live Births:			0				ber of induced term	0 inations		
Other Termination	15.	imber of spontaneou	0			Nullit	ber of induced term	0		
Dates of termination		t include this termin	•				5	6		
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None ☐ Uterine Perforation				
					☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:			☐ Infection	Retained Products		
	110						Other (Spe	_		
Pathological examination							- United (Spe	сцу)		
performed?										
■ Yes □	No	CHORIONIC VIL	LAE, GESTATI	IONAL SAC		Did this termination of pregnancy result in a maternal death?  Yes No				
							<u>,                                    </u>			
				Type of Terr	mination Procedu	ıres				
Procedure that Term	ninated Pr	egnancy			Additional P	rocedur	e that Terminated F	regnancy		
☐ Medical (Nonsu							argical) Mifepristo			
☐ Medical (Nonsu	urgical) N	Misoprostol			☐ Medica	l (Nonsu	urgical) Misoprosto	ol		
Medical (Nonsu	urgicai) (	otner ( <i>specify</i> )			☐ Medical (Nonsurgical) Other (Specify)					
					_					
Medical (Surgio		ion Curettage strual Aspiration					cal) Suction Curett cal) Menstrual Asp			
Medical (Surgio							cal) Other (Specify,			
For Medical (Surgic	al) proced	dures, answer the fo	llowing question.	•	For Medical	(Surgical	al) procedures, ansv	wer the following question.		
	le or have	e a post fertilization	age at least 20 w	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was a	answered yes, comp	lete the following	g questions.	If the previo	us quest	ion was answered y	ves, complete the following questions.		
		opportunity to surv	vive?				n the best opportun	ity to survive?		
	☐ No					Yes [				
		rmination that the parts to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?			•	1 0	woman?			1 1 0		
Date last normal me	_			Physician estim	nate of gestation (	in week	Post f	ertilization age of the fetus (in weeks)  5		
How were the gestat		and post fertilization	on age determined	1?	7			J		
ULTRASOUND EX	-	=	-							
	Full name of physician performing termination  DR. JEFFREY D. GLAZER									
Address of physician			mber and street,	city, state, and	zip code)					
1201 N ARLINGTO	ON AVE,	INDIANAPOLIS,	IN 46219							
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/15/2018									

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219	City or to		ncy termination		County of pregnancy termination MARION			
Patient's age** Married Date of pregnancy t	termination	Educat	ion					
20	/2018		н		ol Diploma or GEI	)		
Native Hawaiian or Other Pacific Islander White	Black or Africate Other	n American	Unknown Number now d	Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:			Number of indu		0			
Other Terminations:  Number of spontaneous terminations 0	. (6) 1		Number of mu	uced termin	0			
Dates of terminations (Do not include this termination. If more than si.  1			5		6			
Fetus delivered alive? If yes, length of time fetus survived:				Complic	ration(s) of Pregnancy	y Termination		
☐ Yes ■ No			■ N	■ None ☐ Uterine Perforation				
Fetus viable? If viable, medical reason for termination			I	☐ Hemorrhage ☐ Cervical Laceration				
Yes No	ш:		□ I	☐ Infection ☐ Retained Products				
				☐ Other (Specify)				
Pathological examination				_				
performed?  Yes No			Did this	terminatio	on of pregnancy resul	t in a maternal death?		
			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
Т	Γype of Termina	ation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pr	egnancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage			(Surgical) Suction					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other		ration			
		_	` ,	1 327				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) proced	urec ancw	er the following ques			
		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or have a post fertilization age at least 20 weeks  ☐ Yes ☐ No	S ?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following que	estions.	If the previou	s question was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus given the best opportunity to survive?			is given the best	opportunit	y to survive?			
☐ Yes ☐ No		□ 7	es □ No					
What was the basis for determination that the pregnant woman had a that required the procedure to avert death or serious impairment to the					nat the pregnant wom th or serious impairm			
woman?		woman?	•		•	1 0		
Date last normal menses began Phys. 03/11/2018	sician estimate	of gestation (ii	n weeks)	Post fer	rtilization age of the t	fetus (in weeks)		
How were the gestational age and post fertilization age determined?		<del></del>			•			
ULTRASOUND EXAMINATION								
Full name of physician performing termination DR. JEFFREY D. GLAZER								
Address of physician performing termination (number and street, city,	state, and zip o	code)						
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219								
**Date Reported to DCS, if Patient under 16 (month, day, year)	·							
*Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address IE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, DIANAPOLIS, IN, 46219			City or t	town, of pregna			County of pregnancy termination MARION		
Patient's age** 29	Marrie [	ed Yes • No	Date of pregnancy term 05/11/20		Educa	tion	Some Co	bllege, No Degree		
Race American Indian	n or Alas	ska Native	☐ Asian ☐ Blac	ck or Afric	an American		Ethnicity  Hisp	/ anic or Latino		
Native Hawaiiar		er Pacific Islander Jumber now living	■ White ☐ Oth	er				Hispanic or Latino  Unknown		
Live Births:	N	lumber of spontaneo	2 us terminations				ber of induced termi	0 nations		
Other Termination	15.	•	ation. If more than six (6	(1) those m	ost recent )			0		
1			3		4		5	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforati					
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
☐ Yes ■	No						☐ Infection	☐ Retained Products		
							☐ Other (Spec	cify)		
Pathological examin	nation	If yes, results:								
Yes •	No						Did this termination of pregnancy result in a maternal death?			
						Yes N	0			
			Тур	e of Termi	nation Procedu	res				
Procedure that Term	regnancy	J.F.				e that Terminated Pr	regnancy			
Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsu	ırgical) Mifepriston	e		
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol				(Nonsu	orgical) Misoprosto orgical) Other (Spec			
Interior (Normangical) Other (Specify)										
Medical (Surgio	aal) Cua	tion Cumattage			☐ Madical	(Cumaio	cal) Suction Curetta			
☐ Medical (Surgio	cal) Me	nstrual Aspiration				(Surgio	cal) Menstrual Aspi	ration		
Medical (Surgio	cai) Oth	er (Specify)			Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgic	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	ıs quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		st opportunity to sur	vive?			us give Yes [	n the best opportuni	ty to survive?		
				1:4:			_	h-44h		
that required the p			regnant woman had a corrious impairment to the p		that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
Deli					6		) [			
Date last normal me	_	gan KNOWN	Physici	an estimat	e of gestation (a	ın week	s) Post fe	rtilization age of the fetus (in weeks) 4		
How were the gestat	-	=	on age determined?				1			
ULTRASOUND EX	KAMINA	ATION								
Full name of physic	ian perfo	orming termination								
DR. JEFFREY D. O	GLAZEI	₹								
Address of physician 1201 N ARLINGTO	-		mber and street, city, sta IN 46219	te, and zip	code)					
			-							
**Date Reported	to DCS	, if Patient under	16 (month, day, year): _					-		
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ESS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or		ncy termination	(	County of pregnancy termination  MARION			
D	Ι- •								
21	arried _	nancy termination 05/15/2018	Educa			ege, No Degree			
Race American Indian or A Native Hawaiian or C		■ Black or Afric	can American	Unknown	Ethnicity Hispani Not His	c or Latino panic or Latino  Unknown			
Live Births:	Number now living 0			Number now d		0			
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	tions 0			
Dates of terminations (D	o not include this termination. If more t		ost recent.)						
Fetus delivered alive?	2 3 If yes, length of time fetus surviv		4	5	Complicat	ion(s) of Pregnancy Termination			
Yes No	if yes, length of time fetus surviv	cu.		1	•	☐ Uterine Perforation			
					Hemorrhage	☐ Cervical Laceration			
Fetus viable?  Yes No	If viable, medical reason for term	nination:			nfection	Retained Products			
			Other (Specify	_					
Pathological examination	n If yes, results:		Suici (Specij)	()					
performed?  Did this termination of pregnancy result in a material performed.									
l ies l No		Did this termination of pregnancy result in a maternal death?  Yes No							
Γ									
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgic			☐ Medical (Nonsurgical) Mifepristone						
Medical (Nonsurgic Medical (Nonsurgic			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)				(Surgical) Sucti					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		ion			
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical	(Surgical) proced	lures, answer	the following question.			
	have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes N			Yes No						
If the previous question v	was answered yes, complete the following	ng questions.	If the previou	is question was a	nswered yes,	complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?			
		had a condition	_	_	unination that	t the macanent recomes had a condition			
that required the proceed	determination that the pregnant woman dure to avert death or serious impairmen		that require			the pregnant woman had a condition or serious impairment to the pregnant			
woman?			woman?						
Date last normal menses	hegan	Physician estimat	te of gestation (i	in wooks)	Post ferti	lization age of the fetus (in weeks)			
	03/12/2018	-	9	n weeks)	1 OST ICITI	7			
How were the gestational ULTRASOUND	l age and post fertilization age determin	ed?							
L									
Full name of physician p	=								
DR. CAITLIN BERNAR Address of physician per	RD forming termination (number and stree	t city state and sin	n code)						
	ROAD, INDIANAPOLIS, IN 46268								
•	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED I	DATE RECEIVED BY ISDH (month, day, year): 05/16/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	N, 46268 City or to		ncy termination	1	County of pregnancy termination  MARION				
	ancy termination 5/15/2018	Educa	tion	Bache	elor's Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	☐ Black or Africa	n American	Unknown		nic or Latino ispanic or Latino	☐ Unknown			
Live Births: Number now living 0			Number now	deceased	0				
Other Terminations: Number of spontaneous terminations 0			Number of in	duced termin	ations 0				
Dates of terminations (Do not include this termination. If more th	an six (6), those mo	st recent.)							
Fetus delivered alive?  If yes, length of time fetus survive	4		5	Complica	ation(s) of Pregnancy	Termination			
☐ Yes ■ No				None	☐ Uterino	e Perforation			
				Hemorrhage	□ Cervic	al Laceration			
Fetus viable?  If viable, medical reason for termi  Yes No		Infection	_	ed Products					
				Other (Speci	_	ou i roude			
Pathological examination If yes, results:				Outer (Speci	(JY)				
performed?									
Yes No			Did th			in a maternal death?			
, , , , , , , , , , , , , , , , , , , ,									
	Type of Termin	ation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	erminated Pre	egnancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical)		<b>;</b>				
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		fy)				
			( 8 )	(-1					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suc	tion Curattan	ra				
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Mer	nstrual Aspira	ation				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	er (Specify)					
						_			
For Medical (Surgical) procedures, answer the following question	1.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the followin	g questions.	If the previous question was answered yes, complete the following questions.							
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes	st opportunity	y to survive?				
	102	_	_			1.			
What was the basis for determination that the pregnant woman l that required the procedure to avert death or serious impairment		that require			at the pregnant wom th or serious impairm				
woman?		woman?							
			_	_					
Date last normal menses began 03/06/2018	Physician estimate	of gestation (i	n weeks)	Post fer	tilization age of the f	etus (in weeks)			
How were the gestational age and post fertilization age determine	ed?								
ULTRASOUND									
Della conservation of the state									
Full name of physician performing termination  DR. CAITLIN BERNARD									
Address of physician performing termination (number and street, city, state, and zip code)									
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year):	2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	cility Name and Address -GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION									
Patient's age** Ma	urried Date	of pregnancy terminatio 05/15/2018	n Educa	ution	Some Co	ollege, No Degree				
Race American Indian or A	Alaska Native As	ian Black or A	African American		Ethnicity	y anic or Latino				
Live Births:	Number now living	<del></del>			er now deceased					
Other Terminations:	Number of spontaneous term	0 ninations		Numb	per of induced termi					
	o not include this termination.	0 If more than six (6), thos	e most recent.)			0				
1	2	3	_ 4		5	6				
Fetus delivered alive?	If yes, length of time fett	us survived:			Compli	Complication(s) of Pregnancy Termination				
☐ Yes ■ No					■ None	☐ Uterine Perforation				
Fetus viable?	£			☐ Hemorrhag	ge Cervical Laceration					
Yes No	If viable, medical reason	for termination:			☐ Infection	☐ Retained Products				
					Other (Spe	cify)				
Pathological examination	If yes, results:				Guier (Spe					
performed?	11 yes, results.									
☐ Yes ■ No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?				
	<b>1</b>									
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy		Additional P	rocedure	e that Terminated P	regnancy				
						•				
<ul><li>Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons</li></ul>	al) Misoprostol		☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	1				
☐ Medical (Nonsurgical	al) Other (Specify)		☐ Medical	Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage Menstrual Aspiration				cal) Suction Curetta					
Medical (Surgical)			Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration				
For Medical (Surgical) p	rocedures, answer the following	σ auestion	For Medical	(Surgice	al) procedures, answ	ver the following question				
				For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable of Yes N	have a post fertilization age at lo	least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete the	e following questions.	If the previous	ıs quest	ion was answered y	es, complete the following questions.				
Was the fetus given the	best opportunity to survive?		Was the fet	us givei	n the best opportuni	ty to survive?				
Yes N				Yes [		ty to sur 12701				
	determination that the pregnan					hat the pregnant woman had a condition				
that required the proced woman?	lure to avert death or serious in	npairment to the pregnan	t that require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant				
Date last normal menses	hegan	Physician esti	mate of gestation (	in week	s) Post fe	ertilization age of the fetus (in weeks)				
	03/17/2018	T Hysician est	<b>8</b>	in week		6				
=	age and post fertilization age	determined?								
ULTRASOUND										
Full name of physician p	ouformains to make the									
DR. CAITLIN BERNAR										
Address of physician performing termination (number and street, city, state, and zip code)										
590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
**Date Reported to D	CS, if Patient under 16 (mo	nth, day, year):				_				
DATE RECEIVED B	BY ISDH (month, day, year):	05/16/2018				_				

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City					town, of pregna	-		County of pregnancy termination MARION		
Dadiana () steate			D-tf	:		4:				
Patient's age** 28	Marrie [	d ☐ Yes ■ No	Date of pregnancy terr <b>05/15/20</b>		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	n or Othe		Asian Bla White Oth		an American			y anic or Latino Hispanic or Latino		
Other Termination	ns: N	umber of spontaneou	us terminations			Numb	per of induced termi	nations 1		
	ns (Do no		ation. If more than six (6	**	ost recent.)			·		
1. 12/11/2015	2	I	3		4		5	cation(s) of Pregnancy Termination		
Fetus delivered alive		if yes, length of ti	me fetus survived:				None None	Uterine Perforation		
								_		
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag	<u> </u>		
☐ Yes ■	No						☐ Infection	Retained Products		
							Other (Spec	cify)		
Pathological examin performed?	nation	If yes, results:								
☐ Yes ■	☐ Yes ■ No						Did this terminati  Yes N	on of pregnancy result in a maternal death?		
								U		
			Тур	e of Termi	nation Procedu	res				
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonst					☐ Medical	(Nonsu	rgical) Mifepriston	e		
Medical (Nonsu  Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
Medical (Surgional Control Contro	cal) Suct	tion Curettage			☐ Medical	(Surgic	al) Suction Curetta	ore		
	cal) Mer	strual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgio	cai) Om	er ( <i>Specify</i> )				(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.				•	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following questi	ons.	If the previous question was answered yes, complete the following questions.					
Was the fetus give	n the bes	at opportunity to surv	rive?		Was the fet	us giver	n the best opportuni	ty to survive?		
Yes [		opportunity to surv				Yes [		ty to survive.		
			regnant woman had a co					hat the pregnant woman had a condition		
woman?	rocedure	to avert death or ser	ious impairment to the p	regnant	woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant		
Date last normal me	enses beg	an	Physici	ian estimate	e of gestation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		18/2018	on age determined?		8			6		
ULTRASOUND	uonai age	z anu post tertilizatio	ni age determined!							
Full name of physics DR. CAITLIN BER		rming termination								
Address of physician	n perforn	-	mber and street, city, sta	ite, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268							
ww.Tr		·CD ·								
_			6 (month, day, year): _					_		
DATE RECEIVE	ED BY	ISDH (month, day,	year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 859	00 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age**	Marit	1	Date of pregnancy te	rmination	Educat	tion					
18	Married	Yes No	05/15/2		Educat		Unknown				
Race American India Native Hawaiian	n or Other		Asian BI White O		can American		y oanic or Latino Hispanic or Latino				
Live Births:			0			Number of induced term	0				
Other Termination	us:	imber of spontaneou	2	(6) 4		Number of induced term	0				
1. 2013		2014	ation. If more than six			5	6				
Fetus delivered aliv		If yes, length of ti	me fetus survived:			None None	Cation(s) of Pregnancy Termination  Uterine Perforation				
Fetus viable?  Yes No  If viable, medical reason for termination:						☐ Infection	☐ Infection ☐ Retained Products				
Pathological examin	nation	If yes, results:									
performed?	No				Did this terminat Yes N	ion of pregnancy result in a maternal death?					
	Type of Termination Procedures										
<b>D</b> • • • -	Type of Termination Procedures										
Procedure that Term		•				ocedure that Terminated F	•				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
Medical (Surgi	ical) Men	strual Aspiration									
For Medical (Surgic	cal) proced	lures, answer the fo	llowing question.		For Medical (	Surgical) procedures, ans	wer the following question.				
	ole or have		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was a	nswered yes, comp	lete the following ques	tions.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes ☐		opportunity to surv	rive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
			regnant woman had a c ious impairment to the				that the pregnant woman had a condition eath or serious impairment to the pregnant				
Date last normal me	_	n 23/2018	Physi	cian estima	te of gestation (i	n weeks) Post f	ertilization age of the fetus (in weeks)				
How were the gesta ULTRASOUND			on age determined?			I					
Full name of physic	_	ming termination									
Address of physicia	Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
•			6 (month, day, year):								
DATE RECEIVI	ED BY I	SDH (month, day,	year):05/17/2018				_				

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City	or town, of pregnancy ter		County of pregnancy termination MARION					
Patient's age** Married Date of pregnancy termination  38	n Education	Dankata	rla Dagraa					
Race	£.: A	Ethnicity	r's Degree					
☐ Native Hawaiian or Other Pacific Islander ■ White ☐ Other		Hispanic Not Hispa ber now deceased	or Latino anic or Latino Unknown					
Live Births:  Number now living  4  Other Terminations:  Number of spontaneous terminations		ber of induced termination	Ones.					
Other Terminations: 2  Dates of terminations (Do not include this termination. If more than six (6), those		ber of induced termination	0					
1. UNKNOWN 2. UNKNOWN 3.		5	6					
Fetus delivered alive?  If yes, length of time fetus survived:		_	n(s) of Pregnancy Termination					
		None	Uterine Perforation					
Fetus viable? If viable, medical reason for termination:		Hemorrhage	Cervical Laceration					
☐ Yes ■ No		☐ Infection	Retained Products					
Pathological examination If yes, results:		Other (Specify)						
performed?		Didd:	6 11 10					
les le No		Yes No	f pregnancy result in a maternal death?					
	rmination Procedures							
Procedure that Terminated Pregnancy		e that Terminated Pregna	ancy					
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol	☐ Medical (Nons	argical) Mifepristone argical) Misoprostol						
Medical (Nonsurgical) Other (Specify)	Medical (Nons	orgical) Other (Specify)						
		1) 9 1 9						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration	Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiratio	n					
Medical (Surgical) Other (Specify)	Medical (Surgi	☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgic	al) procedures answer th	ne following question					
Was the fetus viable or have a post fertilization age at least 20 weeks?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes No	Yes No							
If the previous question was answered yes, complete the following questions.	If the previous ques	ion was answered yes, co	omplete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was the fetus give ☐ Yes [	n the best opportunity to  No	survive?					
What was the basis for determination that the pregnant woman had a condition			he pregnant woman had a condition					
that required the procedure to avert death or serious impairment to the pregnant woman?	that required the p woman?	rocedure to avert death or	r serious impairment to the pregnant					
Date last normal menses began Physician estin	mate of gestation (in week	Post fertiliz	zation age of the fetus (in weeks) 4					
How were the gestational age and post fertilization age determined?	<u> </u>	<u> </u>	•					
ULTRASOUND								
Full name of physician performing termination								
DR. CAITLIN BERNARD								
Address of physician performing termination (number and street, city, state, and zip code)  8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 05/17/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or t		ncy termination	С	County of pregnancy termination MARION			
Patient's age** Married Date of pregr	nancy termination	Educa	tion					
	05/15/2018				ge, No Degree			
Race American Indian or Alaska Native Asian	Black or Africa	an American	_	Ethnicity  Hispanio		_		
Native Hawaiian or Other Pacific Islander  ■ White    Number now living   Number now	Other		Unknown Number now		panic or Latino	Unknown		
Number of spentaneous terminations			Number of inc	luced terminat	ions			
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more t		ost recent )			0			
1 2 3		4	5		6			
Fetus delivered alive?  Yes No  If yes, length of time fetus surviv	red:			Complicati	on(s) of Pregnancy	Termination		
				None	☐ Uterine	e Perforation		
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	☐ Cervic	al Laceration		
☐ Yes ■ No		Infection	☐ Retain	ed Products				
				Other (Specify	)			
Pathological examination If yes, results: performed?								
Yes No					of pregnancy result	in a maternal death?		
			☐ Ye	es 🔳 No				
	Type of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy			ocedure that Te	rminated Pregi	nancy			
Medical (Nonsurgical) Mifepristone		_	(Nonsurgical)					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprostol	1			
Medical (Notisulgical) Other (Specify)		Wiedicai	(Nonsurgical)	other (specify)	'			
			(G : 1) G					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Suct (Surgical) Men	strual Aspirati	on			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	er (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	(Surgical) proce	dures, answer	the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s question was	answered yes,	complete the follow	ving questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes Yes \(\sime\) No	t opportunity to	o survive?			
What was the basis for determination that the pregnant woman					the pregnant wom			
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that required woman?	d the procedure	to avert death	or serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fertil	ization age of the f	etus (in weeks)		
03/12/2018  How were the destational are and post fertilization are determine	led?	6			4			
How were the gestational age and post fertilization age determing ULTRASOUND	ieu :							
Full name of physician performing termination								
DR. CAITLIN BERNARD  Address of physician performing termination (number and street, city, state, and zip code)								
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	, , , , , , , , , , , , , , , , , , ,							
**Date Reported to DCS, if Patient under 16 (month, day,	year);							
DATE RECEIVED BY ISDH (month, day, year): 05/17/								
DATE RECEIVED DI ISDN (monin, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination  MARION		
Patient's age**  30	arried  Yes No	Date of pregnancy term 05/15/20		Educa	tion	Н	igh Scho	ol Diploma or GEI	<b>D</b>		
Race  American Indian or A		= =	ck or African	American				nic or Latino	_		
Native Hawaiian or C Live Births:	Other Pacific Islander  Number now living	White Oth	er			known er now de		lispanic or Latino	■ Unknown		
Other Terminations:	Number of spontaneou	us terminations			Numb	er of indu	aced termin				
Dates of terminations (D	  00 not include this termin	nation. If more than six (6	(i), those most	t recent.)				0			
	1	3 1.	4			5		ation(s) of Pregnanc			
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:				■ N	•	_	e Perforation		
							Iemorrhage	_	cal Laceration		
Fetus viable? If viable, medical reason for termination:							nfection		ned Products		
							Other (Spec	ify)			
Pathological examination	n If yes, results:										
performed?  Yes No						Did this	terminatio	on of pregnancy resul	It in a maternal death?		
						☐ Yes	■ No	)			
Type of Termination Procedures											
Procedure that Terminate	ed Pregnancy	1 y p		Additional Pr		that Terr	minated Pro	egnancy			
☐ Medical (Nonsurgic							lifepristone				
Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol			Medical	(Nonsu	rgical) M	lisoprostol ther (Speci				
	ai) calci (speciji)		'		(1101154	igioui, o	and (Spee)	137			
Medical (Surgical)	Suction Curettage			Medical	(Surgic	al) Suction	on Curettag	ge .			
	Menstrual Aspiration			Medical	(Surgic	al) Mens	trual Aspir (Specify)	ation			
				_		ŕ					
For Medical (Surgical) p	procedures, answer the fo	illowing question.		For Medical (	(Surgica	ıl) proced	ures, answ	er the following ques	stion.		
	have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N				☐ Yes ☐ No							
If the previous question v			ons.	•	•		·	s, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv No	vive?			us giver Yes		opportunit	y to survive?			
		regnant woman had a co						nat the pregnant won			
woman?	dure to avert death or ser	rious impairment to the p	regnant	woman?	a the pr	ocedure to	o avert dea	th or serious impairs	nent to the pregnant		
Date last normal menses	began UNKNOWN	Physici	an estimate o	of gestation (i	in weeks	;)	Post fer	tilization age of the <b>7</b>	fetus (in weeks)		
How were the gestationa	l age and post fertilization	on age determined?					1				
ULTRASOUND											
Full name of physician p	-										
	DR. CAITLIN BERNARD  Address of physician performing termination (number and street, city, state, and zip code)										
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
**Date Reported to D	OCS, if Patient under 1	16 (month, day, year): _									
DATE RECEIVED I	BY ISDH (month, day,	year):						-			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres PPIN-GEORGETOWN OR (PPGI)	S - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or		ancy termination		County of pregnancy termination  MARION			
Patient's age** Mar	nica -	nancy termination	Educa						
Race	Yes No	05/15/2018		Н	Ethnicity	l Diploma or GED			
☐ American Indian or Al☐ Native Hawaiian or Ot		■ Black or Afric	can American	Unknown		nic or Latino			
Live Births:	Number now living 2			Number now d	eceased	0			
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	ations 4			
Dates of terminations (Do 2009	not include this termination. If more t 2 UNKNOWN 3 2012		ost recent.) 4. <b>2015</b>						
Fetus delivered alive?	If yes, length of time fetus surviv		4	5	Complica	tion(s) of Pregnancy Termination			
☐ Yes ■ No	,,			1	None	☐ Uterine Perforation			
				п	Hemorrhage	☐ Cervical Laceration			
Fetus viable?  Yes No	If viable, medical reason for term			nfection	☐ Retained Products				
					Other (Speci	fv)			
Pathological examination	If yes, results:				- · · · ( <b>r</b> · · · <b>y</b>				
performed?  Yes No				Did this	termination	n of pregnancy result in a maternal death?			
				☐ Yes		1 0 1			
		Type of Term	ination Procedur	res					
Procedure that Terminated	l Pregnancy		Additional Pr	ocedure that Ter	minated Pre	gnancy			
☐ Medical (Nonsurgical ☐ Medical (Nonsurgical				(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsurgical				(Nonsurgical) (Nonsurgical) C		ŷ)			
Medical (Surgical) S				(Surgical) Sucti					
Medical (Surgical) M Medical (Surgical) O				(Surgical) Mens (Surgical) Other		tton			
For Medical (Surgical) pro	ocedures, answer the following question	on.	For Medical (	(Surgical) proceed	lures, answe	r the following question.			
Was the fetus viable or h ☐ Yes ■ No	nave a post fertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?						
	as answered yes, complete the followi	ng questions.		_	nswered ves	s, complete the following questions.			
1	best opportunity to survive?	ng questions.		us given the best	•				
☐ Yes ☐ No				Yes  No	11 ,				
	etermination that the pregnant woman are to avert death or serious impairmen					at the pregnant woman had a condition h or serious impairment to the pregnant			
woman?	are to unert death or serious impairmen	n to use programi	woman?	a me procedure i	o uvert deut	a or serious impairment to the pregnant			
			I						
Date last normal menses b	egan 03/17/2018	Physician estimat	te of gestation (i	in weeks)	Post fert	cilization age of the fetus (in weeks)  6			
How were the gestational a	age and post fertilization age determin	ned?			1	<u> </u>			
ULTRASOUND									
Full name of physician por	rforming termination								
DR. CAITLIN BERNARD	Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
220 220.02.000	8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DO	CS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY	Y ISDH (month, day, year): 05/17/	2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAP	City or	r town, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age**  34  Married Yes No  Date of p	oregnancy termination 05/15/2018	Educa		igh School Diploma or GED  Ethnicity				
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ White ☐ Number pow living	Black or Afri	ican American	Unknown Number now d	☐ Hispanic or Latino  ■ Not Hispanic or Latino ☐ Unknow	vn			
Number of epopteneous terminal	3			0 uced terminations				
Other Terminations: Number of spontaneous termination Dates of terminations (Do not include this termination. If m	0		rumber of ma	1				
1. <b>2016</b> 2 3		4	5	6	_			
Fetus delivered alive? If yes, length of time fetus so	urvived:			Complication(s) of Pregnancy Termination				
☐ Yes ■ No			■ N	None Uterine Perforation				
Fetus viable? If viable, medical reason for	4		I	Hemorrhage				
Fetus viable?  Yes No  If viable, medical reason for		I	nfection Retained Products					
			Ппо					
Pathological examination				(1)				
performed?			Diddi		141-9			
L Tes L No			Did this	termination of pregnancy result in a maternal of No	leath?			
	Type of Term	nination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregnancy				
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) M	lifepristone				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) O					
Interior (Nonsaigner) Circle (Speedy)		Ivicuicui	(Tronsurgicur)	ale: (speedy)				
			(G : 1) G ::					
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens	trual Aspiration				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgical) procedures, answer the following qu	nestion.	For Medical (	(Surgical) proced	ures, answer the following question.				
Was the fetus viable or have a post fertilization age at leas ☐ Yes ■ No	st 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the fol	lowing questions.	If the previou	s question was a	nswered yes, complete the following questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
What was the basis for determination that the pregnant wo	oman had a condition	What was th	ne basis for deter	mination that the pregnant woman had a condit	ion			
that required the procedure to avert death or serious impair woman?				o avert death or serious impairment to the pregr				
woman:		woman:						
Date last normal menses began	Physician estima	ate of postetion (	in waaks)	Post fertilization age of the fetus (in weeks)				
02/27/2018	Physician estima	10	n weeks)	8				
How were the gestational age and post fertilization age dete	ermined?			•				
ULTRASOUND								
Full name of physician parforming to the state of								
Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street, city, state, and zip code)								
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 462	206							
**Date Reported to DCS, if Patient under 16 (month,	day, year):							
DATE RECEIVED BY ISDH (month, day, year): 05	5/17/2018							

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLI	Cit		or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age**  27  Married  Yes  No  Date of pre	gnancy terminati 05/15/2018	ion Educa	tion	Some Co	ollege, No Degree				
Race American Indian or Alaska Native Asian	=	African American			anic or Latino				
Native Hawaiian or Other Pacific Islander ☐ White  Live Births: Number now living	Other		Unknow Number no	w deceased	Hispanic or Latino  0	Unknown			
Other Terminations: Number of spontaneous termination			Number of	induced termi	×				
Dates of terminations (Do not include this termination. If more	e than six (6), tha	ose most recent.)			0				
1		4			cation(s) of Pregnancy				
Fetus delivered alive?  Yes No  If yes, length of time fetus surv	ived:			None	_	e Perforation			
				Hemorrhag	_	al Laceration			
Fetus viable?  If viable, medical reason for ter  Yes No		- -	<u> </u>	ed Products					
					_	ed Froducts			
Pathological examination If yes, results:				J Other (Spec	uy)				
performed?  Yes No			- D:	4	<u> </u>				
Lies E No				Yes N		t in a maternal death?			
	Type of T	Γermination Procedu	es						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated P	regnancy				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgica	) Misepresto	e				
Medical (Nonsurgical) Other (Specify)		Medical	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage		Medical	(Surgical) S	uction Curetta	ge .				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Medical Medical	(Surgical) N (Surgical) C	Ienstrual Aspi other (Specify)	ration				
For Medical (Surgical) procedures, answer the following quest	tion.	For Medical	Surgical) pro	ocedures, answ	ver the following ques	tion.			
Was the fetus viable or have a post fertilization age at least 2  ☐ Yes ■ No	20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the follow	wing questions.	If the previou	s question w	as answered y	es, complete the follo	wing questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the	est opportuni	ty to survive?				
	an had a conditio		_		hat the prognant wom	an had a condition			
What was the basis for determination that the pregnant womathat required the procedure to avert death or serious impairm		ant that require			hat the pregnant wom ath or serious impairm				
woman?		woman?							
Date last normal menses began	Physician es	stimate of gestation (i	n weeks)	Post fe	ertilization age of the f	fetus (in weeks)			
03/03/2018		13		1 031 10	11				
How were the gestational age and post fertilization age determ <b>ULTRASOUND</b>	nined?								
Full name of physician performing termination									
DR. CAITLIN BERNARD  Address of physician performing termination (number and street)	eet, city, state av	nd zip code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		up couc)							
**Date Reported to DCS, if Patient under 16 (month, do	ay, year):								
DATE RECEIVED BY ISDH (month, day, year): 05/1					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres PPIN-GEORGETOWN OR (PPGI)	City or town, of pregnancy termination  County of pregnancy termination  County of pregnancy termination  INDIANAPOLIS  MARION									
Patient's age** Mar	ried Date of pr	regnancy termination								
22 Race	☐ Yes ■ No	05/15/2018				e College, No Degree				
☐ American Indian or Al	laska Native	☐ Black or Af ☐ Other	rican American	☐ Un	<b>■</b> 1	Hispanic or Latino Not Hispanic or Latino	Unknown			
Live Births:	Number now living	0		Numb	per now decease	•				
Other Terminations:	Number of spontaneous terminati	ons 0		Numb	per of induced t	erminations 0				
Dates of terminations (Do	not include this termination. If mo	re than six (6), those	most recent.)	ı						
Fetus delivered alive?	If yes, length of time fetus su:	rvived:	4		5 Cor	nplication(s) of Pregnancy T	ermination			
Yes No	if yes, length of time recus sur	ivivou.			■ None	☐ Uterine F	Perforation			
					☐ Hemor	rhage	Laceration			
Fetus viable?  ☐ Yes ■ No	If viable, medical reason for t	ermination:			☐ Infection	_	Products			
					_	Specify)	Troducts			
Pathological examination	If yes, results:				Other (	<i>эресцу)</i>				
performed?	<b>,</b> ,									
☐ Yes ■ No						nation of pregnancy result in No	n a maternal death?			
		Type of Ter	mination Procedu	res						
Procedure that Terminated	1 Pregnancy		Additional P	rocedure	e that Terminat	ed Pregnancy				
Medical (Nonsurgical					rgical) Mifepr					
☐ Medical (Nonsurgical Medical (Nonsurgical					rgical) Misopr rgical) Other (					
Medical (Surgical) S	uction Curettage		_	(Surgic	al) Suction Cu	rettage				
☐ Medical (Surgical) M ☐ Medical (Surgical) C	Ienstrual Aspiration		☐ Medical	(Surgic	eal) Menstrual .	Aspiration				
	(apoogy)			(Surgio	an) Guier (Spec	-457				
For Medical (Surgical) pro	ocedures, answer the following que	ection	For Medical	For Medical (Surgical) procedures, answer the following question.						
Yes No	nave a post fertilization age at least	20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question w	as answered yes, complete the follow	owing questions.	If the previou	If the previous question was answered yes, complete the following questions.						
	best opportunity to survive?					tunity to survive?				
☐ Yes ☐ No				Yes [	_					
	letermination that the pregnant wor are to avert death or serious impair					ion that the pregnant woman t death or serious impairmer				
woman?			woman?							
Date last normal menses b	oegan 03/22/2018	Physician estin	nate of gestation (	in week:	s) Po	st fertilization age of the fett	us (in weeks)			
How were the gestational	age and post fertilization age deter	mined?			<u> </u>					
ULTRASOUND										
Full name of physician ac-	rforming termination									
Full name of physician performing termination  DR. CAITLIN BERNARD										
Address of physician performing termination (number and street, city, state, and zip code)										
SSS SECTORIAN	590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported to DO	CS, if Patient under 16 (month,	day, year):								
DATE RECEIVED B	Y ISDH (month, day, year): 05/	17/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PPIN-GEORGETOWN OR		90 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or t		ncy termination	1		County of pregnancy termination MARION		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
38		Yes No	05/15/20				_	nelor's Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2 as terminations			Number of inc		0 inations			
Other Termination	13.		ation. If more than six (6	) those me	ost racent )			1			
1. <b>2016</b>	2		3			5		6			
Fetus delivered alive		If yes, length of tir	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	■ None ☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes •	No	ii viable, medicar	reason for termination.				Infection	Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	nation	If yes, results:									
performed?	No					Did th	is terminati	on of pregnancy resu	It in a maternal death?		
						☐ Ye			it in a maternal death.		
Type of Termination Procedures											
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsi						(Nonsurgical)					
☐ Medical (Nonsi						(Nonsurgical) (Nonsurgical)					
Medical (Surgional Control Contro						(Surgical) Suc					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mer (Surgical) Other					
	,	(~ <i>F</i> 5,7)				(0.118-1111)	(~ <i>F</i> 55)				
For Medical (Surgic	-1\	4 4. C.	11		F M- 4:1/	(C:1)	1	41 - C-11			
	_				For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fett	us given the bes	st opportuni	ity to survive?			
☐ Yes [	☐ No					Yes No					
			regnant woman had a con ious impairment to the pr					that the pregnant wor ath or serious impair			
woman?	roccaure	to avert death of sen	ious impairment to the pr	Contain	woman?	a the procedure	to avert de	ath of scrious impair	ment to the pregnant		
Date last normal me	_		Physicia	an estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the	fetus (in weeks)		
How were the gestar		09/2018  e and post fertilization	on age determined?		13			11			
ULTRASOUND											
	Full name of physician performing termination  DR. CAITLIN BERNARD										
_	Address of physician performing termination (number and street, city, state, and zip code)										
3590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
**Data D / 1	to Dag	if Dationt 1 1	6 (march 1								
-			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/1//2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR (	ddres	S - 8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•			County of pregnan	cy termination  ARION		
Patient's age**	1.		Date of pregnancy terr	mination	Educa	tion						
25	Mai	ried  Yes No	05/15/20		Educa	tion		Bache	elor's Degree			
Race American Indian Native Hawaiian			Asian Bla White Oth		an American	ППп	known		nic or Latino	☐ Unknown		
Live Births:		Number now living	1	ici		Number now deceased 0						
Other Terminations	s:	Number of spontaneou				Numb	lumber of induced terminations					
		not include this termina	tion. If more than six (	6), those me	ost recent.)				0			
1		2	3		4		5		6			
	Fetus delivered alive? If yes, length of time fetus survived:							Complica	ation(s) of Pregnand	cy Termination		
☐ Yes ■ N	No						■ N	Ione	☐ Uteri	ne Perforation		
7		70					□ н	lemorrhage	e Cervi	ical Laceration		
Fetus viable?  Yes  N	No	If viable, medical r	eason for termination:				□ In	nfection	☐ Retai	ned Products		
								ther (Spec	<del></del>			
Pathological examina	otion	If yes, results:						uler (spec	yy)			
performed?	ation	ii yes, iesuits.										
☐ Yes ■ 1	No						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		1						<u> </u>	•			
			Тур	oe of Termin	nation Procedu	res						
Procedure that Termi	inate	l Pregnancy			Additional Pr	ocedure	e that Tern	ninated Pro	egnancy			
Medical (Nonsu	rgica	l) Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone	•			
Medical (Nonsu	rgica							lisoprostol	6.)			
Wedical (Nollsu	irgica	i) Other (specify)			☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgic		uction Curettage Ienstrual Aspiration						on Curettag trual Aspir				
Medical (Surgic							al) Other					
For Medical (Surgica	al) pr	ocedures, answer the fol	owing question.		For Medical	(Surgica	al) procedu	ures, answe	er the following que	estion.		
Was the fetus viahl	e or l	nave a post fertilization a	uge at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [			ago at roust 20 weeks.		was the retus viable of nave a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous questi	ion w	as answered yes, comple	ete the following questi	ions.	If the previous question was answered yes, complete the following questions.							
		best opportunity to survi	ve?		Was the fetus given the best opportunity to survive?							
☐ Yes ☐	] No	)			Yes No							
		etermination that the property to avert death or series								nan had a condition ment to the pregnant		
woman?	ocea	ire to avert death of seri	ous impairment to the p	pregnam	woman?	a the pr	ocedure to	avert dea	in or serious impair	ment to the pregnant		
Date last normal men	ıses t	egan	Physic	ian estimate	e of gestation (	in weeks	5)	Post fer	tilization age of the	e fetus (in weeks)		
	(	3/28/2018			6				4	,		
How were the gestati <b>ULTRASOUND</b>	ional	age and post fertilization	age determined?									
ULTRASOUND												
Full name of physicia	an no	rforming termination								1		
DR. CAITLIN BERN	_	-										
1 *		orming termination (num		ate, and zip	code)							
8590 GEORGETOV	WN F	OAD, INDIANAPOLI	o, IN 46268									
**Date Reported t	to Do	CS, if Patient under 1	6 (month, day, year): _									
DATE RECEIVE	D B	Y ISDH (month, day, y	<i>near</i> ): 05/17/2018						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or	town, of pregna	ncy termination	County of p	oregnancy termination MARION			
28	nancy termination 05/15/2018	Educat		gh School Diploma	or GED			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White  Number now living	Black or Afric	an American	Unknown Number now do	Ethnicity Hispanic or Latino Not Hispanic or Leceased				
Number of contractions			Number of indu	ced terminations				
Other Terminations: Number of spontaneous terminations 1  Dates of terminations (Do not include this termination. If more to		ost recent.)	0					
ı. <b>2011</b>		4	5		6			
Fetus delivered alive?  If yes, length of time fetus surviv  If yes, length of time fetus surviv	ved:		Complication(s) of Pregnancy Termination					
			I N	one $\square$	Uterine Perforation			
Fetus viable? If viable, medical reason for term	nination:		D H	emorrhage	Cervical Laceration			
☐ Yes ■ No			Iı	nfection	Retained Products			
				☐ Other (Specify)				
Pathological examination performed?								
☐ Yes ■ No				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	Type of Termi	nation Procedur						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Teri	ninated Pregnancy				
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) O					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens					
Medical (Surgical) Other (Specify)		Medical	Medical (Surgical) Other (Specify)					
			For Medical (Surgical) procedures, answer the following question.					
For Medical (Surgical) procedures, answer the following question								
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followi	ing questions.	If the previou	s question was a	swered yes, complete	the following questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to survive?				
What was the basis for determination that the pregnant woman	n had a condition	_	<del></del>	nination that the pregn	ant woman had a condition			
that required the procedure to avert death or serious impairment woman?					impairment to the pregnant			
woman:		woman:						
Date last normal menses began 04/08/2018	Physician estimat	e of gestation (i	n weeks)	Post fertilization ag	e of the fetus (in weeks)  3			
How were the gestational age and post fertilization age determine	ned?	<u></u>		1				
ULTRASOUND								
Full name of physician performing termination								
DR. CAITLIN BERNARD  Address of physician performing termination (number and stree	et, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		, 						
**Date Reported to DCS, if Patient under 16 (month, day)	, year):							
DATE RECEIVED BY ISDH (month, day, year): 05/17/	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP	ress Gi) - 8590 GEORGETOWN ROAD,	INDIANAPOLIS, IN, 46268	ity or town, of pregna	ancy termination	County of pregnancy termination  MARION			
Patient's age** M	Turrica	Date of pregnancy termina	tion Educa		School Diploms or CED			
Race  American Indian or	Alaska Native	= =	r African American	Et	School Diploma or GED hnicity Hispanic or Latino Not Hispanic or Latino Unknown			
Live Births:	Number now living			Unknown Number now decea	ased			
Other Terminations:	Number of spontaneous	<b>2</b> terminations		Number of induced				
	 Do not include this termina	tion. If more than six (6), th	nose most recent.)		0			
1	2	3	4		6			
Fetus delivered alive?  Yes No	If yes, length of tim	e fetus survived:		C	omplication(s) of Pregnancy Termination			
■ None Uterine Perfor								
Fetus viable?	If viable, medical re	eason for termination:		Hem	orrhage			
☐ Yes ■ No				☐ Infec	tion Retained Products			
				☐ Othe	r (Specify)			
Pathological examination	on If yes, results:							
performed?					mination of pregnancy result in a maternal death?  No			
		Type of	Termination Procedu	ires				
Procedure that Termina	ted Pregnancy		Additional P	rocedure that Termina	ated Pregnancy			
Medical (Nonsurgi			☐ Medical	(Nonsurgical) Mifer	pristone			
<ul> <li>Medical (Nonsurgi</li> </ul>				(Nonsurgical) Mison (Nonsurgical) Other	prostol			
Medical (Nollsurgi	icai) Other (specify)		Medical	(Nonsurgical) Other	( (Specty)			
<u></u>								
	Suction Curettage Menstrual Aspiration			(Surgical) Suction C (Surgical) Menstrua				
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Other (Sp	pecify)			
For Medical (Surgical)	procedures, answer the following	owing question.	For Medical	(Surgical) procedures	s, answer the following question.			
Was the fetus viable o	or have a post fertilization a No	ge at least 20 weeks?		tus viable or have a po Yes    No	ost fertilization age at least 20 weeks?			
If the previous question	was answered yes, comple	te the following questions.	If the previou	as question was answe	ered yes, complete the following questions.			
Was the fetus given th	ne best opportunity to surviv No	ve?		tus given the best opp Yes	portunity to survive?			
	or determination that the pre		on What was t		ation that the pregnant woman had a condition			
that required the proce woman?	edure to avert death or serio	ous impairment to the pregr	that require woman?	ed the procedure to av	ert death or serious impairment to the pregnant			
Date last normal mense	s began UNKNOWN	Physician e	estimate of gestation (	in weeks)	Post fertilization age of the fetus (in weeks)  6			
How were the gestation ULTRASOUND	al age and post fertilization	age determined?	0		· ·			
Full name of physician DR. CAITLIN BERNA								
	erforming termination (num		und zip code)					
5555 SEORGETOWN	, INDIANAI OLIG	, 10200						
**Date Reported to	DCS, if Patient under 16	(month, day, year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address ( (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•		County of pregnancy termination  MARION			
Patient's age**	Married	Date of pregnancy term	ination	Educat	tion					
20	Married ☐ Yes ■ No	05/15/201		Educat	iioii	Bach	nelor's Degree			
Race American India Native Hawaiia	n or Other Pacific Islander	Asian Black White Othe		an American	☐ Unk	known Not l	y anic or Latino Hispanic or Latino 🔲 Unknown			
Live Births:	Number now living	0				mber now deceased <b>0</b>				
Other Termination	Number of spontaneou	us terminations 0			Numbe	Number of induced terminations 0				
Dates of termination	ns (Do not include this termin	•		ost recent.)		_				
Fetus delivered aliv		me fetus survived:		4	Complication(s) of Pregnancy Termination					
☐ Yes ■	3 , 2				■ None ☐ Uterine Perforation					
						☐ Hemorrhag	te			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products			
	140					_	_			
Pathological examin	nation If yes, results:					Other (Spec	ctfy)			
performed?	·									
☐ Yes ■	No					Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?			
	<u> </u>				•					
		Туре	of Termin	nation Procedur	es					
Procedure that Tern	ninated Pregnancy			Additional Pr	ocedure	that Terminated P	regnancy			
	surgical) Mifepristone surgical) Misoprostol			☐ Medical	(Nonsur	gical) Mifepriston	le 1			
	surgical) Misoprostol surgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgi	ical) Suction Curettage			☐ Medical	(Surgica	al) Suction Curetta	ige			
☐ Medical (Surgi	ical) Menstrual Aspiration ical) Other (Specify)			☐ Medical	(Surgica	<ul><li>Menstrual Aspi</li><li>Other (Specify)</li></ul>	ration			
Wiedrean (Burgi	ical) Calci (specify)				(Burgieu	a) Galer (Speegy)				
	1\ d				C	N 4	ver the following question.			
	cal) procedures, answer the fo									
Was the fetus viat ☐ Yes	ble or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was answered yes, comp	lete the following question	ns.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes	en the best opportunity to surv	rive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	is for determination that the p	regnant woman had a con	dition	What was the basis for determination that the pregnant woman had a condition						
	procedure to avert death or ser			that required			ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	ancac hagan	Dhysicia	n estimate	e of gestation (i	n wooks	) Post fe	ertilization age of the fetus (in weeks)			
	03/29/2018		ii estiinau	<b>7</b>	n weeks,	) Tost ic	5			
How were the gesta ULTRASOUND	ational age and post fertilization	on age determined?								
	cian performing termination									
DR. CAITLIN BER	nn performing termination (nu	mber and street, city, stat	e. and zip	code)						
	WN ROAD, INDIANAPOL	•		· /						
**Date Reported	to DCS, if Patient under 1	6 (month, day, year):					_			
DATE RECEIV	ED BY ISDH (month, day,	year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess 1) - 8590 GEORGETOWN RO	DAD, INDIANAPOLIS, IN, 4626	City or	town, of pregna	•			County of pregnancy termination  MARION		
Patient's age** Ma	arried	Date of pregnancy to	ermination	Educa			<u> </u>			
36 Race	■ Yes □ No	05/15/	/2018			Hiç	gh Schoo	ol Diploma or GED		
☐ American Indian or A ☐ Native Hawaiian or O	Alaska Native Other Pacific Islander	= =	Black or Afric	can American	□Un		☐ Hispa	nic or Latino		
Live Births:	Number now living					er now de		0		
Other Terminations:	Number of spontane	eous terminations			Numb	er of indu	ced termin	ations 0		
Dates of terminations (D	o not include this tern	nination. If more than six	x (6), those m	ost recent.)						
Fetus delivered alive?	2	3		4		5	Complic	ation(s) of Pregnancy Termination		
Yes No	ii yes, iengin oi	time fetus survived:		■ None ☐ Uterine Perforation						
							emorrhage			
Fetus viable?  Yes No	If viable, medic	al reason for termination	n:							
☐ Yes ■ No							fection	Retained Products		
Pathological examination	If yes, results:						ther (Spec	ify)		
performed?	if yes, results.									
☐ Yes ■ No						Did this	terminatio No	n of pregnancy result in a maternal death?		
		Т	ype of Termi	nation Procedu	res					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedur	e that Term	ninated Pro	egnancy		
☐ Medical (Nonsurgic	al) Mifepristone			☐ Medical	(Nonsu	rgical) Mi	ifepristone	· ·		
Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol				ledical (Nonsurgical) Mifepristone ledical (Nonsurgical) Misoprostol ledical (Nonsurgical) Other (Specify)					
ivicultar (Nonsurgit	ar) Other (Specify)			Wiedicar	(1voiisu	igical) Ot	ποι (σρευί	)))		
M-4:1 (C:1)	Suretion County				(C:-	-1) C4:	- C			
	Menstrual Aspiration				(Surgic	al) Suctional) Menstr	rual Aspir			
☐ Medical (Surgical)	Other (Specify)			Medical	☐ Medical (Surgical) Other (Specify)					
For Medical (Surgical) p	rocedures, answer the	following question.		For Medical	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or  ☐ Yes ■ N		on age at least 20 weeks	?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, cor	nplete the following que	stions.	If the previou	s quest	ion was an	swered ye	s, complete the following questions.		
Was the fetus given the		arvive?			Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
☐ Yes ☐ N				_	_					
that required the proceed		pregnant woman had a serious impairment to the						at the pregnant woman had a condition th or serious impairment to the pregnant		
woman?				woman?						
		Las								
Date last normal menses	11/25/2017	Phys	sıcıan estimat	te of gestation (i	n week:	s)	Post fer	tilization age of the fetus (in weeks)  9		
How were the gestationa	l age and post fertiliza	tion age determined?					I			
ULTRASOUND										
Full name of physician p	arforming termination									
DR. CAITLIN BERNAR	RD									
Address of physician per 8590 GEORGETOWN	-		state, and zip	code)						
JULIU GEORGE TOWN	NOAD, INDIANAFO									
**Date Reported to D	CS, if Patient unde	r 16 (month, day, year):	:							
DATE RECEIVED I										
	~~ (monn, uu	J, J /*						-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or 1	town, of pregna	ncy termination	County of pregnancy terminatio  MARION	n			
Marieu	nancy termination 05/15/2018	Educat	ion	<b>Unknown</b> Ethnicity				
American Indian or Alaska Native	Black or Afric	an American	Unknown Number now de	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unkn	nown			
Other Terminations: Number of spontaneous terminations:			Number of indu	Number of induced terminations				
Dates of terminations (Do not include this termination. If more to UNKNOWN	than six (6), those m	ost recent.)		,				
Fetus delivered alive?  If yes, length of time fetus surviv	ved:	4	5	Complication(s) of Pregnancy Terminatio	n			
☐ Yes ■ No		■ None ☐ Uterine Perforation						
Fetus viable? If viable, medical reason for term	nination:	Hemorrhage Cervical Laceration						
☐ Yes ■ No			☐ Iɪ	☐ Infection ☐ Retained Products				
Debatasis I was in the I form when				ther (Specify)				
Pathological examination performed?  If yes, results:								
☐ Yes ■ No			Did this Yes	termination of pregnancy result in a matern  No	al death?			
	Type of Termi	nation Procedur						
Procedure that Terminated Pregnancy		_		ninated Pregnancy				
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> <li>Medical (Nonsurgical) Other (Specify)</li> </ul>		☐ Medical	(Nonsurgical) M (Nonsurgical) M (Nonsurgical) O	isoprostol				
Medical (Nonsurgical) Other ( <i>Specify</i> )		Wiedicar	(Nonsurgical) O	nei ( <i>specijy)</i>				
Medical (Surgical) Suction Curettage		Medical	(Surgical) Suction	on Curettage				
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other	rual Aspiration				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	ares, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the followi	ng questions.	If the previous	s question was ar	swered yes, complete the following question	ns.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No				opportunity to survive?				
What was the basis for determination that the pregnant woman	n had a condition	☐ Yes ☐ No  What was the basis for determination that the pregnant woman had a condition						
that required the procedure to avert death or serious impairmet woman?				avert death or serious impairment to the pr				
		<u> </u>						
Date last normal menses began 03/16/2018	Physician estimate	e of gestation (in	n weeks)	Post fertilization age of the fetus (in wee  5	ks)			
How were the gestational age and post fertilization age determin	ned?			1				
ULTRASOUND								
Full name of physician performing termination								
DR. CAITLIN BERNARD  Address of physician performing termination (number and stree	t, city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day)								
DATE RECEIVED BY ISDH (month, day, year): 05/17/	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to	own, of pregna	ncy terminati	on	County of pregnancy termination  MARION			
	ncy termination 5/15/2018	Educa	tion		ollege, No Degree			
Native Hawaiian or Other Pacific Islander White	Black or Africa Other	an American	Unknow	n ■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:					0			
Other Terminations: Number of spontaneous terminations 0			Number of induced terminations 0					
Dates of terminations (Do not include this termination. If more that	ın six (6), those mo	ost recent.) 4.	5		6.			
Fetus delivered alive? If yes, length of time fetus survived	1:		Complication(s) of Pregnancy Termination					
☐ Yes ■ No		•	None	☐ Uterino	e Perforation			
				Hemorrhag	e 🔲 Cervic	al Laceration		
Fetus viable? If viable, medical reason for termin	nation:			Infection	☐ Retain	ed Products		
				Other (Spec				
Pathological examination If yes, results:				outer (spec	997			
performed?								
Yes No			Did		on of pregnancy result	t in a maternal death?		
			•					
	Type of Termin	nation Procedur	es					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pr	regnancy			
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical	Mifepriston	e.			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical	Misoprostol Other (Spec				
Medicai (Nonsurgicai) Other (Specify)		Wiedicai	(Ivolisui gicai	Other (spec	ijy)			
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		☐ Medical ☐ Medical	(Surgical) Su (Surgical) M	ction Curetta enstrual Aspir	ge ration			
Medical (Surgical) Other (Specify)				her (Specify)				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) pro	cedures, answ	er the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 w  ☐ Yes ■ No	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	g questions.	If the previou	s question wa	s answered ye	es, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the b	est opportunit	y to survive?			
What was the basis for determination that the pregnant woman h					hat the pregnant wom			
that required the procedure to avert death or serious impairment woman?	to the pregnant	that require woman?	d the procedu	re to avert dea	th or serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fe	rtilization age of the f	etus (in weeks)		
03/11/2018		10	/	2 350 10	8	- (		
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	1?							
Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street,	city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, y	ear):							
DATE RECEIVED BY ISDH (month, day, year):	018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDIA						County of pregnancy termination MARION			
Patient's age** Ms	arried Dat	e of pregnancy term 05/15/201		Educat	tion	Bach	elor's Degree			
Race American Indian or A			k or African	American	_		nic or Latino			
Native Hawaiian or C	Other Pacific Islander  Number now living	Vhite Othe	er	Unknown Nort Hispanic or Latino Unknown  Number now deceased Unknown						
Other Terminations:	Number of spontaneous ter	minations			Number of ind	unber of induced terminations				
	   Po not include this termination	. If more than six (6)	), those mos	•						
			4.		5		ation(s) of Pregnancy Termination			
Fetus delivered alive?  Yes No	If yes, length of time for	etus survived:			Uterine Perforation					
				■ None ☐ Uterine Perforation  Hemorrhage ☐ Cervical Laceration						
Fetus viable?  Yes No	If viable, medical reason	on for termination:				Infection	Retained Products			
Pathological examination	n If yes, results:				Outer (spectyy)					
performed?					Did thi	s terminatio	on of pregnancy result in a maternal death?			
					☐ Ye					
		Туре		tion Procedur						
Procedure that Terminate	•				ocedure that Ter					
Medical (Nonsurgic Medical (Nonsurgic	cal) Misoprostol				(Nonsurgical) M (Nonsurgical) M	Misoprostol				
Medical (Nonsurgic	cal) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
	Menstrual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men	strual Aspii				
Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
				For Madical (Consider) and the following and the						
	procedures, answer the following			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or Yes \( \square\) \( \square\)	have a post fertilization age a No	at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	was answered yes, complete the	he following questio	ons.	If the previous question was answered yes, complete the following questions.						
	e best opportunity to survive?			Was the fetus given the best opportunity to survive?						
☐ Yes ☐ N				Yes No						
that required the proceed	determination that the pregna dure to avert death or serious			that required			nat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
Date last normal menses	began	Physicis	an estimate o	of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)			
	03/19/2018			8			6			
How were the gestationa ULTRASOUND	al age and post fertilization age	e determined?								
Full name of physician p	_									
DR. CAITLIN BERNAF Address of physician per	RD rforming termination (number	and street, city, stat	te, and zip c	ode)						
	ROAD, INDIANAPOLIS, II									
**Date Reported to D	OCS, if Patient under 16 (m	onth, day, year):								
•	BY ISDH (month, day, year,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	N, 46268 City or to		ncy termination	Co	County of pregnancy termination  MARION		
	ncy termination 5/08/2018	Educat		ligh School I	Diploma or GED		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	☐ Black or Africar☐ Other	n American	Unknown		or Latino anic or Latino	☐ Unknown	
Live Births: Number now living 2			Number now d		0		
Other Terminations: Number of spontaneous terminations 1			Number of ind	uced terminati	ons 1		
Dates of terminations (Do not include this termination. If more the 1, 2009 2, 2012 3.	an six (6), those mos	t recent.)	_				
Fetus delivered alive? If yes, length of time fetus survive	ed:		5	Complication	on(s) of Pregnancy	Termination	
☐ Yes ■ No		1	None	☐ Uterine	Perforation		
			— п	Hemorrhage	☐ Cervic	al Laceration	
Fetus viable?  If viable, medical reason for termination of the properties of the pr	nation:			nfection	☐ Retains	ed Products	
					_	ad Froducts	
Pathological examination If yes, results:				Other (Specify)			
performed?							
☐ Yes ■ No			Did this		of pregnancy result	in a maternal death?	
,			•				
	Type of Termina	ntion Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Pregn	ancy		
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) N	Mifepristone	•		
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) N (Nonsurgical) C	/lisoprostol			
Medical (Nonsulgical) Other (Specify)		Wiedlear	(Tronsurgicar)	other (speegy)			
			(0 1 1) 0 1				
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		■ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspiratio	on		
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	r (Specify)			
For Medical (Surgical) procedures, answer the following question	1.	For Medical (	Surgical) proced	lures, answer t	he following quest	ion.	
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ■ No	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	nswered yes, o	complete the follow	ving questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes  \text{No}	opportunity to	survive?		
What was the basis for determination that the pregnant woman l						nn had a condition	
that required the procedure to avert death or serious impairment woman?	to the pregnant	that required woman?	d the procedure t	o avert death o	or serious impairm	ent to the pregnant	
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fertili	zation age of the f	etus (in weeks)	
03/06/2018	.49	9			7		
How were the gestational age and post fertilization age determine ULTRASOUND	ea :						
Full name of physician performing termination							
DR. CAITLIN BERNARD  Address of physician performing termination (number and street,	city state and sin a	ode)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	eny, siure, una zip c	oue j					
**Date Reported to DCS, if Patient under 16 (month, day,	year):						
DATE RECEIVED BY ISDH (month, day, year):	2018						

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Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	town, of pregna	ncy term		County of pregnancy termination MARION			
<b>.</b>		l D		1 = -	.•					
Patient's age** 33	Married ■ Yes □ No	Date of pregnancy term <b>05/08/20</b> 1		Educa	tion	Bach Ethnicity	elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	☐ Unk	☐ Hispanic or Latino Unknown ☐ Not Hispanic or Latino ☐ Unknown				
Live Births:	Number now living	2			Numbe	mber now deceased				
Other Termination	Number of spontaneou	us terminations 0			Numbe	er of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	eation. If more than six (6,	), those m	ost recent.)	•					
1		3		4		5	cation(s) of Pregnancy Termination			
Fetus delivered aliv	, ,	me fetus survived:			_	_				
						None	Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■	No					☐ Infection	☐ Retained Products			
						Other (Spec	eify)			
Pathological examing performed?	nation If yes, results:									
l	No					Did this termination  Yes No	on of pregnancy result in a maternal death?			
		Туре	of Termi	nation Procedu	res					
Procedure that Tern	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
☐ Medical (Nons	urgical) Mifepristone			☐ Medical	(Nonsur	gical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsur	gical) Misoprostol gical) Other (Spec	ify)			
	argreat/ Street (Speedy)/				(1,011541)	groun, outer (spec	957			
					(0. 1.					
☐ Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiration				(Surgica	<ol> <li>Suction Curetta</li> <li>Menstrual Aspir</li> </ol>	ge ration			
☐ Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgica	l) Other (Specify)				
For Medical (Surgion	cal) procedures, answer the fo	llowing question.		For Medical (	Surgical	) procedures, answ	ver the following question.			
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questic	on was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes	en the best opportunity to surv	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	is for determination that the p	ragnant woman had a con	dition	_			hat the pregnant woman had a condition			
that required the p	procedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began	Physicia	ın estimat	e of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
	03/16/2018			8	/		6			
How were the gesta ULTRASOUND	tional age and post fertilization	on age determined?								
	cian performing termination									
DR. CAITLIN BER	INARD in performing termination (nu	mher and street city stat	e and zin	code)						
	WN ROAD, INDIANAPOL	•	., Lip							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-			
DATE RECEIVI	ED BY ISDH (month, day,	year):05/17/2018					_			

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Facility Name and Ade PPIN-GEORGETOWN OR (PR		90 GEORGETOWN ROAL	D, INDIANAPOLIS, II	N, 46268 City	or town, of preg	nancy terminati	on	County of pregnancy termination  MARION			
Patient's age**	Marrie			ancy termination	Edu	cation	04L 46	Oth No Diploma			
Race American Indian o	or Alasl	ka Native	Asian  White	=	frican American		Ethnicit  Hisp	panic or Latino			
Live Births:		imber now living		■ Other		Unknown Number nov		Hispanic or Latino Unknown			
Other Terminations Number of spontaneous terminations Number of induced terminations											
Dates of terminations		t include this termine	0 ation. If more th	an six (6), those	most recent.)			0			
1	2.				4			6			
Fetus delivered alive?  Yes No		If yes, length of tin	ne fetus survive	ed:			Complication(s) of Pregnancy Termination				
	•						None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termi	nation:			Hemorrhag	ge Cervical Laceration			
☐ Yes ■ No	0						Infection	☐ Retained Products			
							Other (Spe	cify)			
Pathological examination performed?	ion	If yes, results:									
Yes No	O					Did		ion of pregnancy result in a maternal death?			
				Type of Ter	mination Proced	lures					
Procedure that Termin	ated Pr	regnancy			Additional	Procedure that	Геrminated Р	regnancy			
Medical (Nonsurger)	gical) I	Mifepristone			☐ Medic	al (Nonsurgical	) Mifepristor	ne			
Medical (Nonsurg	gical) I	Misoprostol			☐ Medic	al (Nonsurgical al (Nonsurgical	) Misoprosto	ol			
- Wedness (Fromsurg	51041)	Stiler (Speedy)			Wiedle	ur (1 tonsurgreur	, other (spec				
	1) 0				-   -	1/0 : 1) 0					
Medical (Surgical Medical (Surgical	l) Men	strual Aspiration			☐ Medic	al (Surgical) Su al (Surgical) M	enstrual Asp	iration			
Medical (Surgical	l) Othe	er (Specify)			☐ Medic	al (Surgical) O	ther (Specify)				
					_						
For Medical (Surgical)	) proce	dures, answer the fol	lowing question	1.	For Medica	al (Surgical) pro	(Surgical) procedures, answer the following question.				
Was the fetus viable ☐ Yes ☐		e a post fertilization	age at least 20 v	veeks?		etus viable or h	ave a post fer	tilization age at least 20 weeks?			
If the previous question	n was a	answered yes, compl	ete the followin	g questions.	If the previ	ous question wa	s answered y	es, complete the following questions.			
Was the fetus given t ☐ Yes ☐		t opportunity to surv	ive?			etus given the b	est opportuni	ity to survive?			
What was the basis f					What was			that the pregnant woman had a condition			
that required the proc woman?	cedure	to avert death or seri	ous impairment	to the pregnant	that requi woman?	red the procedu	re to avert de	ath or serious impairment to the pregnant			
Date last normal mens	ses bega	ın		Physician estin	nate of gestation	(in weeks)	Post fo	ertilization age of the fetus (in weeks)			
How word thet-		18/2018	n ago data	nd9	7			5			
How were the gestatio ULTRASOUND	mai age	and post tertilizatio	ii age determine	zu :							
Full name of physician	_	rming termination									
Address of physician p		ning termination (num	nber and street	city, state and	zip code)						
8590 GEORGETOW		-		ing, siere, and	S.P couch						
**Date Reported to	DCS,	if Patient under 1	6 (month, day,	year):				_			

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Facility Name and A	Address R (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	ncy term		County of pregnancy termination MARION			
D.C. a. a.			• .•	1						
Patient's age** 26	Married ☐ Yes ■ No	Date of pregnancy term <b>05/08/20</b> °		Educa	tion		elor's Degree			
Race American India Native Hawaiia	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	☐ Unk		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numbe	r now deceased	0			
Other Termination	ns: Number of spontaneo	us terminations 0			Numbe	mber of induced terminations 0				
Dates of termination	ns (Do not include this termin									
Fetus delivered aliv		ime fetus survived:		4		_ 5Complic	eation(s) of Pregnancy Termination			
Yes •		ine retus surviveu.		■ None	Uterine Perforation					
						☐ Hemorrhag				
Fetus viable?  Yes	,	reason for termination:				☐ Infection	Retained Products			
l les E	110					_	_			
Pathological examin	nation If yes, results:					Other (Spec	rtfy)			
performed?										
☐ Yes ■	No					Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?			
		Туре	of Termi	nation Procedur	res					
Procedure that Term	minated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
	surgical) Mifepristone surgical) Misoprostol			☐ Medical ☐ Medical	(Nonsur	gical) Mifepriston	e			
	surgical) Other (Specify)			Medical	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
	ical) Suction Curettage			☐ Medical	(Surgica	l) Suction Curetta	ge			
	ical) Menstrual Aspiration ical) Other (Specify)			☐ Medical ☐ Medical	(Surgica (Surgica	l) Menstrual Aspi l) Other (Specify)	ration			
For Medical (Surgio	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgical	) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes	ble or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was answered yes, comp	olete the following question	ons.	If the previou	ous question was answered yes, complete the following questions.					
Was the fetus give	en the best opportunity to sur			Was the fet	us given	given the best opportunity to survive?				
☐ Yes	_			_	_	S No				
that required the p	is for determination that the porocedure to avert death or ser			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?				woman?						
Date last normal me	=	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
How were the gesta	03/11/2018 ational age and post fertilization	on age determined?		6			4			
ULTRASOUND	C									
E II O C C										
Full name of physic DR. CAITLIN BER	cian performing termination RNARD									
	an performing termination (nu		te, and zip	code)						
0090 GEURGEIO	OWN ROAD, INDIANAPOL	.io, IIN 40208								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-			
DATE RECEIV	ED BY ISDH (month, day,	year): 05/17/2018					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	acility Name and Address N-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION								
Patient's age** Ma	urried D	ate of pregnancy termin	ation	Educat				HIP	
25	Yes No	05/08/2018						elor's Degree	
Race American Indian or A Native Hawaiian or C	Alaska Native Dther Pacific Islander	Asian Black White Other	or African Ar	nerican	☐ Un	known		nic or Latino lispanic or Latino	☐ Unknown
Live Births:	Number now living	0			Numb	er now de	eceased	0	
Other Terminations:	Number of spontaneous to	0			Numb	er of indu	iced termin	nations 0	
Dates of terminations (De	o not include this terminatio	on. If more than six (6),	those most re	cent.)					
Fetus delivered alive?	If yes, length of time	fetus survived:	4			5	Complic	ation(s) of Pregnanc	y Termination
☐ Yes ■ No	, , ,					■ N	lone	☐ Uterir	ne Perforation
						Пн	Iemorrhage	e $\square$ Cervi	cal Laceration
Fetus viable?  ☐ Yes ■ No	If viable, medical rea	son for termination:					nfection	_	ned Products
							other (Spec	_	led Froducts
Pathological examination	thological examination If yes, results:							ijy)	
performed?									
☐ Yes ■ No							termination No.	1 0 1	It in a maternal death?
		Туре о	f Termination	Procedur	es				
Procedure that Terminate	ed Pregnancy		Add	litional Pr	ocedure	that Terr	ninated Pro	egnancy	
Medical (Nonsurgical Consumption of the Consum							lifepristone	2	
<ul><li>Medical (Nonsurgical Medical Medica</li></ul>	al) Misoprostol			Medical	(Nonsu	rgical) M	lisoprostol ther (Speci		
i wedicar (ivolisurgica	ar) Other (Speetyy)			Wicalcai	(140fisti	igicai) O	uici (speci	<i>J</i> .y.)	
			_	36 11 1	/G :	1) 0 .:			
	Menstrual Aspiration			Medical	(Surgic	al) Mensi	on Curettag trual Aspir		
Medical (Surgical)	Other (Specify)			Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgical) pr	rocedures, answer the follow	wing question.	For	Medical (	Surgica	ıl) procedı	ures, answ	er the following que	stion.
Was the fetus viable or Yes N	have a post fertilization age	e at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question v	vas answered yes, complete	the following questions	s. If th	ne previou	s questi	on was ar	nswered ye	s, complete the follo	owing questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive	?	W		ıs given Yes 🗀		opportunit	y to survive?	
What was the basis for	determination that the preg	nant woman had a condi	ition W	hat was th	ne basis	for deterr	mination th	at the pregnant won	nan had a condition
	lure to avert death or seriou		gnant th						ment to the pregnant
Date last normal menses	began	Physician	estimate of g	estation (i	n weeks	;)	Post fer	tilization age of the	fetus (in weeks)
	03/12/2018			7				5	
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization a	ge determined?							
021101000115									
Full name of physician po	erforming termination								
DR. CAITLIN BERNAR									
	forming termination (number ROAD, INDIANAPOLIS,		and zip code,	)					
**Date Reported to D	CS, if Patient under 16 (	(month, day, year):							
DATE RECEIVED B	BY ISDH (month, day, yea	ur):05/17/2018						-	

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP	lress GI) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION				County of pregnancy termination MARION		
Patient's age**		Date of pregnancy term	ination	Educat	tion				
21	Married ☐ Yes ■ No	05/08/201		Educai	поп	Bach	elor's Degree		
Race American Indian or Native Hawaiian or Live Births:		Asian Blac White Othe	k or African Ar	nerican	Unk		nic or Latino Hispanic or Latino Unknown		
Other Terminations:	Number of spontaneou	is terminations			Numbe	er of induced termi	nations 0		
Dates of terminations (	Do not include this termin	ation. If more than six (6,		cent.)			·		
Fetus delivered alive?	If yes, length of ti	me fetus survived:	4			5Complic	cation(s) of Pregnancy Termination		
☐ Yes ■ No						None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
Yes No	· · · · · · · · · · · · · · · · · · ·					☐ Infection	☐ Retained Products		
						Other (Spec	cify)		
Pathological examination performed?	on If yes, results:								
Yes No						Did this termination  Yes No	on of pregnancy result in a maternal death?		
Г									
		Туре	of Termination	n Procedur	res				
Procedure that Termina	nted Pregnancy		Ado	ditional Pr	ocedure	that Terminated Pr	regnancy		
Medical (Nonsurge						gical) Mifepriston			
Medical (Nonsurg	ical) Misoprostol ical) Other (Specify)					gical) Misoprostol gical) Other (Spec			
Medical (Surgical)	) Suction Curettage		——   <del>—</del>	Medical	(Surgica	al) Suction Curetta	ge		
	Menstrual Aspiration			Medical	(Surgica	nl) Menstrual Aspi			
Wiedicai (Surgicai)	Office (Specify)			Wicdicar	(Surgica	ii) Oulei (specify)			
For Medical (Surgical)	procedures, answer the fo	Howing question		Madical (	Currien	1) procedures answ	ver the following question.		
	•	• •					• •		
Was the fetus viable of Yes	or have a post fertilization No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question	n was answered yes, compl	ete the following questio	ons. If th	ne previou	s questio	on was answered ye	es, complete the following questions.		
Was the fetus given the State of the Was the fetus given the State of the Was the State of the	he best opportunity to surv	ive?	w		us given Yes	the best opportunit	ty to survive?		
	or determination that the pr	egnant woman had a con	udition W	_	_	•	hat the pregnant woman had a condition		
	edure to avert death or seri		regnant th				ath or serious impairment to the pregnant		
woman:			W	Oman:					
Date last normal mense	es began	Physicia	an estimate of g	estation (i	n weeks	) Post fe	rtilization age of the fetus (in weeks)		
	03/12/2018		و ده المستقدم المس	8		, 1 050 10	6		
How were the gestation	nal age and post fertilization	n age determined?							
Full name of all	norforming to								
DR. CAITLIN BERNA	performing termination ARD								
	erforming termination (num	•	te, and zip code	)					
5550 GEORGETOWN	N ROAD, INDIANAPOL	, III →UZUO							
**Date Reported to	DCS, if Patient under 1	6 (month, day, year):					_		
•	BY ISDH (month, day,						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	City or town, of pregnancy termination County of pregnancy termina INDIANAPOLIS MARION			County of pregnancy termination MARION		
Patient's age**	Manied	Date of pregnancy term	nination	Educat	ion				
28	Married ☐ Yes ■ No	05/08/20 <sup>-</sup>		Educat	ion	Back	nelor's Degree		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ White ☐ Othe		n American	Unknown Number now o	☐ Not	anic or Latino Hispanic or Latino		
Other Termination	Number of spontaneo	us terminations			Number of ind	uced term	inations		
	ns (Do not include this termin	0	), those mos	st recent.)			0		
	2				5		6		
Fetus delivered alive	3,	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
				☐ Uterine Perforation					
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Lac					
☐ Yes ■	No					Infection	Retained Products		
						Other (Spe	cify)		
Pathological examing performed?	nation If yes, results:								
☐ Yes ■	No				Did thi ☐ Ye		on of pregnancy result in a maternal death?		
	·				•				
_		Туре	ation Procedur						
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure that Ter	minated P	regnancy		
☐ Medical (Nons) ☐ Medical (Nons)	urgical) Mifepristone urgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsi	urgical) Other (Specify)				(Nonsurgical) (				
	cal) Suction Curettage				(Surgical) Suct				
Medical (Surgional Medical Medica	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgical) Men (Surgical) Othe	struai Aspi r ( <i>Specif</i> y)	ration		
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgical) proced	dures, ansv	ver the following question.		
Was the fetus viab ☐ Yes	ole or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
_	tion was answered yes, comp	lete the following questic	ons	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.					
	en the best opportunity to surv	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	is given the best	·			
Yes [		ive.			es No	оррогии	ty to survive.		
	s for determination that the p						that the pregnant woman had a condition		
woman?	rocedure to avert death or ser	ious impairment to the pr	regnant	woman?	i the procedure	to avert de	ath or serious impairment to the pregnant		
Data 1t	mana haar	DI	om g=t:	of at · · · · ·		D . 1	sutilization on after fig. (1)		
Date last normal me	03/14/2018	Physicia	an esumate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5		
How were the gestar ULTRASOUND	tional age and post fertilization	on age determined?				•			
<u> </u>									
	ian performing termination								
DR. CAITLIN BER	NARD n performing termination (nu	mber and street, city, star	te. and zip c	rode)					
	WN ROAD, INDIANAPOL		, s.p c	***/					
**Data Dan 1	to DCS if Dotions 1	16 (marsh 1							
_	to DCS, if Patient under						_		
DATE RECEIVI	ED BY ISDH (month, day,	year):					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOL	LIS, IN, 46268 Cit	y or town, of pregna	ncy termin	nation	County of pregnancy termination  MARION			
		I							
23	arried Date of pro	egnancy termination 05/08/2018	on Educa	tion		ol Diploma or GED			
Race American Indian or A Native Hawaiian or C	<u>—</u>	Black or A	African American	Unkno		Anic or Latino Hispanic or Latino  Unknown			
Live Births:	2	0			of induced termi	O notions			
Other Terminations:	Number of spontaneous termination	0		Nulliber	or maucea termi	0			
Dates of terminations (De	o not include this termination. If mor		· · · · · · · · · · · · · · · · · · ·		5	6			
Fetus delivered alive?	If yes, length of time fetus sur		4		Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ No	1, 1, 1, 1				■ None	☐ Uterine Perforation			
					☐ Hemorrhag				
Fetus viable?	If viable, medical reason for to	ermination:			<u>_</u>				
☐ Yes ■ No					Infection	Retained Products			
					Other (Spec	cify)			
Pathological examination	If yes, results:								
performed? ☐ Yes ■ No			Did this termination of pregnancy result in a maternal death?						
		Yes ■ No							
		Type of T	ermination Procedu	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure th	at Terminated Pr	regnancy			
☐ Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsurgi	cal) Mifepriston	e			
☐ Medical (Nonsurgical	al) Misoprostol			(Nonsurgi	cal) Misoprosto				
☐ Medical (Nonsurgical	ai) Other ( <i>specify</i> )		☐ Medical	(Nonsurgi	cal) Other (Spec	יון))			
Medical (Surgical)					Suction Curetta Menstrual Aspi				
Medical (Surgical)	Menstrual Aspiration Other (Specify)				Other (Specify)	ration			
For Medical (Surgical) pr	rocedures, answer the following que	stion.	For Medical	Surgical) I	procedures, answ	ver the following question.			
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at least	20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
	was answered yes, complete the follo	wing questions		If the previous question was answered yes, complete the following questions					
•		wing questions.		•	•				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?  Jo			us given th Yes 🔲 I	e best opportuni No	ty to survive?			
What was the basis for	determination that the pregnant won	nan had a condition	n What was t	ne basis for	r determination t	hat the pregnant woman had a condition			
	lure to avert death or serious impairr		nt that require woman?	d the proce	edure to avert dea	ath or serious impairment to the pregnant			
woman ?			woman?						
			·						
Date last normal menses	began UNKNOWN	Physician est	imate of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)  8			
	l age and post fertilization age deterr	mined?	10			<b>.</b>			
ULTRASOUND	<u>-</u>								
Full name of physician p									
DR. CAITLIN BERNAR	forming termination (number and str	reet city state an	d zin code)						
	ROAD, INDIANAPOLIS, IN 4626		a sip coucy						
**Date Reported to D	CS, if Patient under 16 (month, a	lav vear):							
-						-			
DATE RECEIVED B	BY ISDH (month, day, year):	11/2010				_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or 1		ncy termination	Co	ounty of pregnanc	y termination RION		
Patient's age**  37  Married  Yes  No	nancy termination 05/08/2018	Educa		ligh School [	Diploma or GED	)		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	an American	Unknown		or Latino anic or Latino	☐ Unknown		
Live Births: Number now living 2			Number now d		0			
Other Terminations: Number of spontaneous termination:	s		Number of ind	uced termination	ons 1			
Dates of terminations (Do not include this termination. If more 1, 2014 2, 2012 3,	than six (6), those m	ost recent.)						
1. 2014 2. 2012 3. Fetus delivered alive? If yes, length of time fetus survi	ved:	4	5	Complicatio	n(s) of Pregnancy	Termination		
Yes No			1 🗐	None	☐ Uterino	e Perforation		
				Hemorrhage	— ☐ Cervic	al Laceration		
Fetus viable?  If viable, medical reason for term  Yes No	nination:			infection		ed Products		
L les E No					Ketain	ed Floducis		
Dethological examination If was resulted				Other (Specify)				
Pathological examination performed?								
☐ Yes ■ No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
'								
	Type of Termi	nation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Pregn	ancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) N	// difepristone				
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) N (Nonsurgical) C	/lisoprostol				
Medical (Nonsurgical) Office (Specify)		Wiedicar	(Ivonsuigical)	other (specify)				
			(0 1 1) 0 1					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspiratio	n			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) procedures, answer the following questi	on.	For Medical (	Surgical) proced	lures, answer th	ne following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the follow	ing questions.	If the previou	s question was a	nswered yes, c	omplete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best Yes  \text{No}	opportunity to	survive?			
What was the basis for determination that the pregnant woma						an had a condition		
that required the procedure to avert death or serious impairme woman?	ent to the pregnant	that require woman?	d the procedure t	o avert death o	r serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimat	e of gestation (i	n weeks)	Post fertiliz	zation age of the f	etus (in weeks)		
03/13/2018	10	6			4			
How were the gestational age and post fertilization age determi ULTRASOUND	ned?							
L								
Full name of physician performing termination								
DR. CAITLIN BERNARD  Address of physician performing termination (number and street)	et city state and sin	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	, εω,, ειαιε, απα μφ	couc)						
**Data Papartad to DCS if Datiant under 14 (	y year):							
**Date Reported to DCS, if Patient under 16 (month, day	v, year): 7/2018							
DATE RECEIVED BY ISDH (month, day, year): 05/17								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PF	me and Address TOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDIANA						•			County of pregnancy termination  MARION			
Patient's age** 28	Marri	ed ■ Yes □ No	Date of pregn	ancy term 05/08/20		Educa	tion	н	igh Scho	ol Diploma or GE	D		
Race American Indian o			Asian	=		an American	_			anic or Latino	_		
Native Hawaiian o		er Pacific Islander Number now living	White	Othe	er			nknown ber now d		Hispanic or Latino	Unknown		
Other Terminations:	1	Number of spontaneou	as terminations				Numl	ber of indu	aced termin	nations 1			
Dates of terminations (			,	,		ŕ				I			
1. 2015 Fetus delivered alive?		If yes, length of tin				4		5	Complic		(s) of Pregnancy Termination		
Yes No		ir yes, rengin or in	ne retus sur vrv	-				■ N	☐ Uterii	ne Perforation			
T		TC : 11	<u> </u>	• .•				F	Iemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable?  Yes No	)	If viable, medical	reason for term	ination:				☐ I	nfection	☐ Retain	ned Products		
								☐ Other (Specify)					
Pathological examination performed?	ion	If yes, results:											
Yes No	0							Did this			It in a maternal death?		
								l L Tes	, [-] 110	0			
				Туре	e of Termi	nation Procedu	res						
Procedure that Termin	ated 1	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy			
Medical (Nonsurgical) Mifepristone						☐ Medical	(Nonsu	rgical) M	lifepriston	e			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical		ction Curettage enstrual Aspiration				☐ Medical	(Surgio	cal) Suction	on Curettag	ge ration			
Medical (Surgical						Medical Medical	(Surgio	cal) Other	(Specify)	iation			
For Medical (Surgical)	) proc	edures, answer the fol	lowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable ☐ Yes ■		ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	n was	s answered yes, compl	ete the followin	ng questic	ons.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.		
		est opportunity to surv	ive?						opportunit	ty to survive?			
☐ Yes ☐							Yes [						
that required the proc		termination that the pr e to avert death or seri				that require				hat the pregnant won th or serious impair			
woman?						woman?							
Date last normal mense	es be	gan		Physicia	an estimat	e of gestation (	in week	s)	Post fe	rtilization age of the	fetus (in weeks)		
How were the gestation		2/22/2018	n age determin	ed?		11				9			
ULTRASOUND	a	oc and post retuizatio	age determin										
Full name of physician DR. CAITLIN BERNA	_	orming termination							_				
Address of physician p		-		t, city, sta	te, and zip	code)							
8590 GEORGETOW	IN IKC	AD, INDIANAPULI	J, IN 40206										
**Date Reported to										-			
DATE RECEIVED	BY	ISDH (month, day,	year):	2018						_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION									on
	arried	Date of pregnancy term		Educa	tion		A	sinte Degree	
Race American Indian or A		= =	ek or Africar	n American			Ethnicity  Hispan	nic or Latino	1
Live Births:	Number now living		er			known er now dec		ispanic or Latino Unl	known
Other Terminations:	Number of spontaneou	s terminations			Numb	er of induc	ced termin		
Dates of terminations (D	o not include this termina	0 ution. If more than six (6	), those mos	t recent.)				0	
1	2	3	4.			5		6	
Fetus delivered alive?  Yes No	If yes, length of tir	ne fetus survived:					Complica	ation(s) of Pregnancy Terminati	on
l les 🔳 No						■ No	one	☐ Uterine Perforation	on
Fetus viable?	If viable, medical t	eason for termination:				□ Не	emorrhage	☐ Cervical Laceration	on
Yes No	ii viable, medicai i	eason for termination.				☐ In:	fection	☐ Retained Product	s
						□ Ot	ther ( <i>Speci</i>	fv)	
Pathological examination	n If yes, results:						(~ <i>p</i> ·		
performed?									
Yes ■ No  Did this termination of pregnancy result in a r  Yes ■ No								nal death?	
	Type of Termination Procedures								
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Term	ninated Pre	egnancy	
								-	
<ul><li>Medical (Nonsurgic</li><li>Medical (Nonsurgic</li></ul>	al) Misoprostol		■ Medical	(Nonsu	rgical) Mi rgical) Mi	isoprostol			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical)	Suction Curettage Menstrual Aspiration					al) Suction			
Medical (Surgical)				Medical	(Surgic	al) Menstr al) Other (	ruai Aspira (Specify)	ition	
For Medical (Surgical) p	rocedures, answer the fol	lowing question		For Medical (	Surgica	ıl) procedu	ires, answe	er the following question.	
					_	-			
Yes N	have a post fertilization a	ige at least 20 weeks?			res [		i post terti	lization age at least 20 weeks?	
If the previous question v	was answered yes, comple	ete the following questic	ons.	If the previou	s questi	on was an	swered yes	s, complete the following questi	ions.
Was the fetus given the	best opportunity to survi	ive?		Was the fett	ıs giver	the best o	pportunity	to survive?	
☐ Yes ☐ N					res [		. F. F		
	determination that the pr							at the pregnant woman had a co	
that required the proceed woman?	dure to avert death or seri	ous impairment to the pr	regnant	that required woman?	d the pro	ocedure to	avert deat	h or serious impairment to the p	pregnant
Date last normal menses	began	Physicia	an estimate	of gestation (i	n weeks	;)	Post fer	tilization age of the fetus (in we	eks)
	03/08/2018			9				7	
How were the gestationa  ULTRASOUND	l age and post fertilization	n age determined?							
GLINASOUND									
Full name of physician p	erforming termination								
DR. CAITLIN BERNAR	-								
Address of physician per		•	te, and zip c	ode)					
8590 GEORGETOWN	KUAD, INDIANAPOLI	3, IN 40208							
**D	occ :cp ::								
•	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED I	BY ISDH (month, day, y	vear):							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or town, of pregnancy t				County of pregnancy termination MARION			
				<u> </u>						
Patient's age** 29	Married  ■ Yes □ No	Date of pregnancy term <b>05/08/20</b> 1		Educa	tion		ollege, No Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		an American	☐ Un		/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	4			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	ation. If more than six (6,	), those mo	ost recent.)						
1		3		4		5	cation(s) of Pregnancy Termination			
Fetus delivered alive	, ,	me fetus survived:				None None	_			
					Uterine Perforation					
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No					☐ Infection ☐ Retained Products				
						Other (Spec	cify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	☐ Yes ■ No						on of pregnancy result in a maternal death?			
		Туре	of Termin	nation Procedur	res					
Procedure that Term	Procedure that Terminated Pregnancy					e that Terminated P	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l ifv)			
	(-F 2))					<i>g</i> , (,	337			
Madia-1 (Sami	1) Continu Continu				(C:-	-1) C				
☐ Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ration			
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?			
			4141	_		_	h-44h 1/4/			
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
D. I.		T =								
Date last normal me	onses began 03/08/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) <b>7</b>			
	tional age and post fertilization	on age determined?				1				
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER										
	n performing termination (nu	•	e, and zip	code)						
6590 GEURGEIO	WN ROAD, INDIANAPOL	IS, IN 40208								
**Date Reported	to DCS, if Patient under	6 (month, day, year):								
-	*Date Reported to DCS, if Patient under 16 (month, day, year):  ATE RECEIVED BY ISDH (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	r town, of pregna	ncy termination		County of pregnancy termination  MARION		
Patient's age** Ma	rried Date of pregr	nancy termination 05/08/2018	Educat	tion	Assoc	iate Degree		
Race American Indian or A Native Hawaiian or C	alaska Native	Black or Afr	ican American		Ethnicity Hispan Not His	ic or Latino Unknown		
Live Births:	2					0		
Other Terminations:	Number of spontaneous terminations 0			Number of induc	ced termina	0		
Dates of terminations (De	o not include this termination. If more	than six (6), those i	most recent.)	5.		6.		
Fetus delivered alive?  Yes No	If yes, length of time fetus surviv	ved:		■ No	Complicat	tion(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?  Yes No	If viable, medical reason for term	nination:			emorrhage fection	☐ Cervical Laceration ☐ Retained Products		
Pathological examination	If yes, results:				ther (Specif	y)		
performed?  Yes No	ii yes, tesuiis.			Did this t	termination  No	of pregnancy result in a maternal death?		
		Type of Tom	nination Procedur	rac				
Decordure that T	d December	Type of Tern			inot-1D	Thomas are		
Procedure that Terminate				ocedure that Term		gnancy		
Medical (Nonsurgical Medical Medic	al) Misoprostol		<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> <li>Medical (Nonsurgical) Other (Specify)</li> </ul>					
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr (Surgical) Other (	rual Aspirat	tion		
For Medical (Surgical) pr	cocedures, answer the following question	on.	For Medical (	Surgical) procedu	res, answer	the following question.		
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was an	swered yes,	, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?		Was the fett	us given the best of	·			
	determination that the pregnant woman lure to avert death or serious impairme					t the pregnant woman had a condition a or serious impairment to the pregnant		
Date last normal menses	hegan	Physician actim	ate of gestation (i	n weeks)	Post forti	ilization age of the fetus (in weeks)		
	02/07/2018		13	weens)	1 030 1010	11		
How were the gestational ULTRASOUND	age and post fertilization age determine	ned?						
Full name of physician p								
	forming termination (number and street	et, city, state, and z	ip code)					
8390 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to D	CS, if Patient under 16 (month, day	, year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	ty or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION			County of pregnancy termination MARION		
Patient's age**	N . 1	Date of pregnancy term	nination	Educa	tion		1		
24	Married ☐ Yes ■ No	05/08/20 <sup>-</sup>		Educa	tion	Bach	elor's Degree		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	White Othe		an American		Ethnicity Hispa known Not 1 er now deceased	anic or Latino Hispanic or Latino   Unknown		
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations		
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			0		
1		3		ı		5	6		
Fetus delivered alive	, , , , ,	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
	110			☐ Uterine Perforation					
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration		
Yes •	· · · · · · · · · · · · · · · · · · ·	<b>104</b> 50 <b>11</b> 101 <b>101</b> 11111111111				☐ Infection	☐ Retained Products		
						Other (Spec	cify)		
Pathological examir	nation If yes, results:								
performed?	No				Did this termination	on of pregnancy result in a maternal death?			
						Yes N			
		Туре	of Termin	nation Procedur	res				
Procedure that Term	Procedure that Terminated Pregnancy					that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
ivicultar (Surgi	car) Onici (specijy)			Wiedicai	(Surgic	an) Outer (speetyy)			
- M 1: 1/G :	1) 1 4 6				(C :	1) 1	4 6 11		
	cal) procedures, answer the fo					•	ver the following question.		
	ble or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	on was answered y	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [	_			_	Yes [	_			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began 03/14/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  5		
How were the gesta	tional age and post fertilization	on age determined?		•			<u> </u>		
ULTRASOUND									
Full name of physic DR. CAITLIN BER	ian performing termination  NARD								
	n performing termination (nu	mber and street, city, stat	te, and zip	code)					
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268							
•	to DCS, if Patient under						-		
DATE RECEIVI	ED BY ISDH (month, day,	year):05/17/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 859	00 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 4	City o	or town, of pregna	ncy termination	County of pregnancy termination MARION			
Dationt's**			Date of	ar tanni	F1	tion				
Patient's age** 37	Married	l ] Yes ■ No	Date of pregnance  05/0	08/2018	Educa		ne College, No Degree			
Race American Indian Native Hawaiian	n or Other	Pacific Islander	= =	Black or Afi	rican American	Unknown •	nicity Hispanic or Latino Not Hispanic or Latino			
Live Births:		ımber now living	2			Number now decease	0			
Other Termination	115.	ımber of spontaneou	0			Number of induced	terminations 2			
Dates of termination  1. 01/30/2017		t include this termin 12/28/2015	•	six (6), those		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			None None	_			
Fetus viable?  Yes	No	If viable, medical	reason for terminat	tion:		☐ Infect	orrhage Cervical Laceration  ion Retained Products  (Specify)			
Pathological examin	nation	If yes, results:								
performed?	No						nination of pregnancy result in a maternal death?			
				Type of Terr	mination Procedur					
Procedure that Term	ninated Pr	egnancy			Additional Pr	ocedure that Termina	ted Pregnancy			
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> <li>Medical (Nonsurgical) Other (Specify)</li> </ul>					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgi						(Surgical) Suction C (Surgical) Menstrual (Surgical) Other (Special)	Aspiration			
For Medical (Surgic	cal) proced	lures, answer the fo	llowing question		For Medical (	(Surgical) procedures	answer the following question.			
	ole or have	e a post fertilization		eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous ques	tion was a	inswered yes, comp	lete the following q	questions.	If the previou	is question was answe	ered yes, complete the following questions.			
Was the fetus give ☐ Yes		opportunity to surv	rive?			us given the best oppo	ortunity to survive?			
		rmination that the pi to avert death or ser					tion that the pregnant woman had a condition ert death or serious impairment to the pregnant			
Date last normal me		n 25/2018	Pl	hysician estim	ate of gestation (i	in weeks) P	Post fertilization age of the fetus (in weeks)			
How were the gesta ULTRASOUND	tional age	and post fertilization	on age determined?							
Full name of physic DR. CAITLIN BER	_	ming termination								
Address of physicia 8590 GEORGETO	-			ty, state, and z	ip code)					
**De4- D	to DCC	if Dotings 1 1	6 ( 1							
_	DATE RECEIVED BY ISDH (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		S - 8590 GEORGETOWN ROAL	), INDIANAPOLIS,	IN, 46268	City or to	wn, of pregna	ncy termin	ation		County of pregna	ncy termination	
Patient's age** 25	Maı	ried  Yes No	Date of pregn	ancy termin 05/08/2018		Educa	tion		Assoc	iate Degree		
Race American Indian			☐ Asian	=	or Africa	n American	_	[		ic or Latino	_	
Live Births:	or O	ther Pacific Islander Number now living	White	Other			Unkno Number r			spanic or Latino	Unknown	
Other Termination	ıs:	Number of spontaneou	as terminations				Number o	of induce	ed termina			
	is (Do	not include this termina	ation. If more th	han six (6), 1	those mos	t recent.)				0		
1. UNKNOWN	- 0	211			4.			5	Complica	tion(s) of Pregnar	ncy Termination	
Fetus delivered alive		If yes, length of tin	ne ieius surviv	ea:				■ Non	•	_	rine Perforation	
											vical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:		☐ Infection ☐ Retained Produ						
								Other (Specify)				
Pathological examination												
performed?	No						$\frac{1}{D}$	id this te	rmination	of pregnancy res	sult in a maternal death?	
☐ Yes ■ No												
				T.	er.							
Deconders 4 / T	in-	I Dungmar		Type o		Additional Dr		ot T '	noted D			
Procedure that Terminated Pregnancy						Additional Pr			`	gnancy		
<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							(Nonsurgic	cal) Miso	oprostol	.)		
Medical (Nonsu	urgica	i) Other ( <i>Specify</i> )				☐ Medical	(Nonsurgic	cai) Otne	er (Specij	V)		
Medical (Surgional Control of the Control of t	2 (100	uction Curettage				☐ Medical	(Surgical)	Suction	Curattage			
	cal) N	Ienstrual Aspiration				Medical	(Surgical) (Surgical)	Menstru	ıal Aspira			
	cai) C	ины (эресцу)				Medicar	(Surgicar)	Offici (5	ресцу)			
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing questio	nn		For Medical (Surgical) procedures, answer the following question.						
		have a post fertilization	• .			Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [							Yes					
If the previous quest	tion w	as answered yes, compl	ete the following	ng questions	3.	If the previou	is question	was ansv	wered yes	, complete the fol	llowing questions.	
Was the fetus gives  Yes		best opportunity to surv	ive?			Was the fet	us given the Yes \(\sime\) \(\lambda\)		portunity	to survive?		
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	tion	What was th	he basis for	determi	nation tha	t the pregnant wo	oman had a condition	
		ire to avert death or seri									irment to the pregnant	
Date last normal me		-		Physician	estimate	of gestation (i	in weeks)		Post fert	_	ne fetus (in weeks)	
How were the gestat		INKNOWN age and post fertilizatio	n age determin	ed?		8				6		
ULTRASOUND												
Full name -f. 1	ion -	eformina tormina										
DR. CAITLIN BER	_	rforming termination										
	-	orming termination (nun		t, city, state,	and zip c	ode)						
222 223.02.00		,										
•	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/17/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	or town, of pregna	ncy tern		County of pregnancy termination  MARION			
Patient's age** 14 Ma		nancy termination 05/15/2018	Educa	tion		th, No Diploma			
Race American Indian or A Native Hawaiian or O Live Births:	other Pacific Islander  Number now living  White	Black or Afr	rican American	Unk		anic or Latino Hispanic or Latino  Unknown			
	Number of spontaneous terminations			Numbe	er of induced termi	0 nations			
Other Terminations:  Dates of terminations (December 1)	o not include this termination. If more i		most recent.)			0			
1	2 3	, ,,	· · · · · · · · · · · · · · · · · · ·		5	6			
Fetus delivered alive?	If yes, length of time fetus surviv	ved:			Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ No					None	☐ Uterine Perforation			
F. 110	TC : 11	• ,•			Hemorrhag	e Cervical Laceration			
Fetus viable?  ☐ Yes ■ No	If viable, medical reason for tern	nination:			☐ Infection	☐ Retained Products			
					Other (Spec	—			
Pathological examination	If yes, results:				☐ Oulei (Spec	2(1)			
performed?									
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal deat ☐ Yes ■ No									
				II.		-			
Type of Termination Procedures									
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy			
☐ Medical (Nonsurgica	al) Mifepristone		☐ Medical	(Nonsur	gical) Mifepriston	e			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica			☐ Medical	(Nonsur	gical) Misoprosto gical) Other (Spec				
	ii) Other (speegy)								
<u></u>			-   <u></u>						
<ul><li>Medical (Surgical) S</li><li>Medical (Surgical) M</li></ul>					al) Suction Curetta al) Menstrual Aspi				
Medical (Surgical)					ol) Other (Specify)				
For Medical (Surgical) pr	ocedures, answer the following question	on.	For Medical	Surgical	l) procedures, answ	ver the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 o	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question w	vas answered yes, complete the followi	ng questions.	If the previou	s questio	on was answered y	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			us given Yes	the best opportuni	ty to survive?			
		. 1 4 4141			-	h			
that required the proced	determination that the pregnant womar ure to avert death or serious impairment		that require	ne basis d the pro	for determination to cedure to avert dea	hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			woman?						
<u> </u>			1						
Date last normal menses l	began JNKNOWN	Physician estim	ate of gestation (a	n weeks,	) Post fe	rtilization age of the fetus (in weeks)			
How were the gestational age and post fertilization age determined?									
ULTRASOUND									
Full name of physician pe									
	Orming termination (number and stree	t, city, state. and 7	ip code)						
	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to Do	CS, if Patient under 16 (month, day	, year):	18			-			
DATE RECEIVED BY ISDH (month, day, year): 05/18/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	r town, of pregna	ncy term		County of pregnancy termination  MARION				
				JEI	-	in accept				
15		nancy termination 05/18/2018	Educa	tion		th, No Diploma				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White  Number now living	Black or Afr	ican American	Unk		anic or Latino Hispanic or Latino  Unknown				
Live Births:	Number of spontaneous terminations	3			er of induced termi	0 nations				
Other Terminations:	o not include this termination. If more		most recent \			0				
1	2 3	, ,	,		5	6				
Fetus delivered alive?	If yes, length of time fetus surviv				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No					■ None	☐ Uterine Perforation				
					☐ Hemorrhag	e				
Fetus viable?  ☐ Yes ■ No	If viable, medical reason for term	nination:			☐ Infection	☐ Retained Products				
					☐ Other (Spec	_				
Pathological examination	If yes, results:				☐ Other (spec	луу)				
performed?										
☐ Yes ■ No ☐ Did this termination of pregnancy result in a ☐ Yes ■ No ☐ Yes ■ No										
, , , , , , , , , , , , , , , , , , , ,										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
☐ Medical (Nonsurgica			☐ Medical	(Nonsur	gical) Mifepriston	e				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica			Medical Medical	(Nonsur	gical) Misoprostol gical) Other (Spec	ify)				
	(~F 32)									
	0 1 0			/G :	1) G .: G .:					
	Menstrual Aspiration		☐ Medical	(Surgica	<ol> <li>Suction Curetta</li> <li>Menstrual Aspi</li> </ol>					
☐ Medical (Surgical) (	Other (Specify)		☐ Medical	(Surgica	l) Other (Specify)					
For Medical (Surgical) pr	rocedures, answer the following question	on.	For Medical	Surgical	) procedures, answ	er the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 to	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question w	vas answered yes, complete the follow	ing questions.	If the previou	s questic	on was answered ye	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given Yes 🔲	the best opportunit	ty to survive?				
What was the basis for a	determination that the pregnant woman	n had a condition	What was the	ne hasis t	for determination t	hat the pregnant woman had a condition				
that required the proced	lure to avert death or serious impairme		that require	d the pro	cedure to avert dea	ath or serious impairment to the pregnant				
woman?			woman?							
		T -:	_		r					
Date last normal menses	began <b>03/14/2018</b>	Physician estima	ate of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks) <b>7</b>				
	age and post fertilization age determine	ned?								
ULTRASOUND										
Full name of physician pe	_									
	forming termination (number and stree	et, city, state, and z	ip code)							
	INDIANAPOLIS, IN 46225		•							
	**Date Reported to DCS, if Patient under 16 (month, day, year): 05/18/2018									
DATE RECEIVED B	DATE RECEIVED BY ISDH (month, day, year): 05/18/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or tow	n, of pregna			County of pregnancy termination  MARION			
			1							
Patient's age**	Married	Date of pregnancy term		Educa	tion		aciata Dagues			
Race	☐ Yes ■ No	05/18/20	18			Ass Ethnicit	ociate Degree			
American Indian	n or Alaska Native n or Other Pacific Islander		k or African	American		☐ Hisp	anic or Latino			
Live Births:	Number now living		51			nknown Not	Hispanic or Latino Unknown			
Other Termination	Number of spontaneo	us terminations			Numb	per of induced term				
	ns (Do not include this termin	0	) those most	recent)			0			
1		3				5	6			
Fetus delivered alive	, ,	ime fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation			
7	70					Hemorrhag	ge Cervical Laceration			
Fetus viable?  Yes	· ·	reason for termination:				☐ Infection	Retained Products			
						☐ Other (Spe	_			
Pathological examin	nation If yes, results:					Ouler (spe	Ctyy)			
performed?										
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
	<u> </u>					<u> </u>				
		Туре	of Terminat	ion Procedu	res					
Procedure that Term	ninated Pregnancy		A	Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nonsu	urgical) Mifepristone			☐ Medical	(Nonsu	ırgical) Mifepristor	ne			
<ul> <li>Medical (Nonsu</li> </ul>	urgical) Misoprostol urgical) Other (Specify)		[	Medical	(Nonsu	argical) Misoprosto argical) Other (Spec	1			
	urgical) Other (specify)		-	_ Medicai	(INOIISU	irgical) Other (spec	2(1)			
	cal) Suction Curettage cal) Menstrual Aspiration			Medical Medical	(Surgic	cal) Suction Curetta cal) Menstrual Asp	ration			
	cal) Other (Specify)		[	Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		or Medical	(Surgica	al) procedures, ansv	ver the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	elete the following question	ons. If	f the previou	ıs quest	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opportuni	ty to survive?			
	_	. 1.1	11	_		_	1 44 4 1 1 12			
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
L										
Date last normal me	•	Physicia	an estimate of	-	in week:	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	04/22/2018 tional age and post fertilization	on age determined?		8			6			
ULTRASOUND EX										
	Full name of physician performing termination  OR. JEFFREY D. GLAZER									
_	GLAZER  n performing termination (nu	unher and street city star	te, and zin co	de)						
	ON AVE, INDIANAPOLIS,	•	, αα χιρ ευ	/						
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	ED RV ISDH (month day	vegr). 05/21/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t		ncy termination		County of pregnand	cy termination ARION		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion					
36 Race		Yes No	05/18/20	)18			Some Co	ollege, No Degree			
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian Blace Oth		an American	Unknown Number now d	☐ Hispa ■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2			Number of ind		0 nations			
Other Termination	ъ.		0	C) 1	1						
1. <b>2004</b>	is (Do no		ation. If more than six (6			5		6			
Fetus delivered alive	?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforation						
7		70				D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products		
						☐ Other (Specify)					
Pathological examin	ation	If yes, results:									
performed?		CHORIONIC VII	LAE, GESTATIONAL	SAC							
■ Yes □	NO	OHORIONIO VIL	LAL, GLOTATIONAL	. 0.40		Did this			lt in a maternal death?		
Type of Termination Procedures											
Procedure that Term	inated P	regnancy	ocedure that Ter	minated Pr	regnancy						
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) M	/lifepriston	ie			
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) M (Nonsurgical) C					
	ii givui)	omer (speegy)									
- M 1: 1/6 :	1) 0	· · · · · · · · · · · · · · · · · · ·				(G : 1) G ::	- C #				
	cal) Mer	strual Aspiration				(Surgical) Sucti (Surgical) Mens	strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	Surgical) proced	lures, answ	ver the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the best Yes  No	opportuni	ty to survive?			
			regnant woman had a co								
that required the pro- woman?	rocedure	to avert death or seri	ous impairment to the p	regnant	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?						
Date last normal me	nses hea	an	Physici	ian estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
	UN	KNOWN			6	······································		4	(		
How were the gestat	_		C								
ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici	Full name of physician performing termination										
DR. JEFFREY D. C	SLAZEF	R									
Address of physician 1201 N ARLINGTO		,	nber and street, city, sta IN 46219	ite, and zip	code)						
.zvi it Allitoit	AVE	, OLIO,	70213								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Ad THE WOMEN'S MED CENTE INDIANAPOLIS, IN, 46219		DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or	town, of pregna	ancy termination		County of pregnancy termination  MARION				
Patient's age**	Married		Date of pregnancy t	ermination	Educa	tion						
21 Race		Yes No	05/18/	/2018			Asso Ethnicit	ociate Degree				
American Indian o	or Other		= =	Black or Afric Other	can American	Unknown Number now	Hisp	anic or Latino Hispanic or Latino	Unknown			
Live Births:	Ni	imber of spontaneou	0			Number of in		0				
Other Terminations:  Dates of terminations	•		1	(6) thoso	2004 110 2014 )	rumber of m	ducca termi	0				
2016	(Do noi		3			5		6				
Fetus delivered alive?		If yes, length of ti				y Termination						
☐ Yes ■ No	0					■	None	☐ Uterii	ne Perforation			
Fetus viable?		If viable medical	reason for termination	n:			Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes No	О	ii viable, illedical	reason for termination				Infection	Retai	ned Products			
							Other (Spe	cify)				
Pathological examinat	tion	If yes, results:										
performed?  • Yes  • N	Го	CHORIONIC VIL	LAE, GESTATION	AL SAC		Did this termination of pregnancy result in a maternal death?						
						Yes No						
			Т	Type of Termi	nation Procedu	res						
Procedure that Termin	nated Pr	egnancy		Additional Pr	rocedure that Te	rminated P	regnancy					
☐ Medical (Nonsurg						(Nonsurgical)						
Medical (Nonsurg					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)						(Surgical) Suc						
☐ Medical (Surgical Medical (Surgical						(Surgical) Mer (Surgical) Oth						
For Medical (Surgical	) proced	lures answer the fo	lowing question		For Medical	(Surgical) proce	dures answ	ver the following que	stion			
			0 1	9				• •				
Was the fetus viable ☐ Yes ■		e a post fertifization	age at least 20 weeks			Yes No	e a post ter	tilization age at least	20 weeks:			
If the previous question	on was a	inswered yes, compl	ete the following que	estions.	If the previou	is question was	answered y	es, complete the follo	owing questions.			
Was the fetus given		opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?				
☐ Yes ☐	No				·	Yes  No						
What was the basis f that required the pro-								that the pregnant wor ath or serious impair				
woman?			•	1 0	woman?	•		1	1 0			
Date last normal mens	_	n 1 <b>1/2018</b>	Phys	sician estimat	te of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestation			n age determined?					<u> </u>				
ULTRASOUND EXA	MINA	ΓΙΟΝ, PELVIC EX	AMINATION									
Full name of physician performing termination												
Full name of physician DR. JEFFREY D. GL												
Address of physician p		•		state, and zip	code)							
1201 N ARLINGTON	N AVE,	INDIANAPOLIS,	IN 46219									
**Date Reported to	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVED												

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t		ncy termination		County of pregnancy termination  MARION				
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educat	tion						
23	[	☐ Yes ■ No	05/18/20	18		Н		ool Diploma or GE	D			
Race American Indian Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:			0			Number of ind		0				
Other Termination	15.	umber of spontaneou	0	-, •		Number of mu	uceu terrin	0				
Dates of termination	is (Do no		ation. If more than six (6			5.		6.				
Fetus delivered alive	e?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No				■ None ☐ Uterine Perforation							
F		TC : 11 1: 1				D	Hemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products					
							☐ Other (Specify)					
Pathological examin	ation	If yes, results:										
performed?  • Yes		CHORIONIC VIL	LAE, GESTATIONAL	SAC		Diddi			14 : 1 4 9			
E Tes	NO					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
Type of Termination Procedures												
Procedure that Term	regnancy											
☐ Medical (Nonsu						(Nonsurgical) M						
Medical (Nonsu  Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	100				
	cal) Mei	nstrual Aspiration				(Surgical) Mens (Surgical) Other	strual Aspi	ration				
Medical (Surgio	cai) Oin	er ( <i>specify</i> )			Medical	(Surgical) Other	г (Ѕресіју)					
									_			
For Medical (Surgic	al) proce	edures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.			
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fetu	us given the best	opportuni	tv to survive?				
☐ Yes [		7				res 🗌 No		,				
			regnant woman had a cor					hat the pregnant won				
woman?	rocedure	to avert death of sen	ious impairment to the pr	regnant	woman?	a the procedure t	o avert de	atii or serious impairi	nent to the pregnant			
Date last normal me	_		Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		08/2018 e and post fertilizatio	n age determined?		12			10				
	ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici												
			mber and street, city, sta	te, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
wwD . D		·CD										
•			6 (month, day, year):					_,				
DATE RECEIVE	ED BY	ISDH (month, day,	year): U5/21/2018					_				

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or t	own, of pregna	•	County of pregnancy termination MARION				
Dotic-ti-	Γ	Data of	imati.	F 1	tio					
Patient's age** 27	Married  Yes No	Date of pregnancy term <b>05/18/20</b> 1		Educa	tion		th, No Diploma			
Race American Indiar Native Hawaiiar	or Other Pacific Islander	☐ Asian ☐ Blacc ■ White ☐ Othe		an American		known I Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	3				per now deceased	0			
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	ation. If more than six (6)		ost recent.)		5	6			
Fetus delivered alive	1	me fetus survived:		*		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No				☐ Uterine Perforation					
					e					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products			
						☐ Other (Spec	_			
Pathological examin	nation If yes, results:				- Ouler (spee	-037)				
performed?										
les	No					Yes N	on of pregnancy result in a maternal death?			
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
☐ Medical (Surgio	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
iviedicai (Surgio	cai) Other ( <i>specify</i> )			☐ Medical	(Surgic	ai) Other (specify)				
					· ·					
	eal) procedures, answer the fo						er the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
	n the best opportunity to surv	vive?				the best opportunit	y to survive?			
☐ Yes [	No				Yes [	No				
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?	1		1 1 0			
Date last normal me	enses began 04/04/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  3			
How were the gestat	tional age and post fertilization	on age determined?					•			
ULTRASOUND EX	ULTRASOUND EXAMINATION									
E II							,			
DR. JEFFREY D. (	ian performing termination  GLAZER									
* *	n performing termination (nu	•	e, and zip	code)						
1201 N AKLINGTO	ON AVE, INDIANAPOLIS,	IIN 40219								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
_	ED BY ISDH (month, day,						_			

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or to	own, of pregnar	APOLIS	n	County of pregnancy termination MARION		
Patient's age**	Marrie		Date of pregnancy term		Educat	ion	S 0	allana Na Danna		
Race American Indiar Native Hawaiiar Live Births:	n or Alas n or Othe		05/18/201  ☐ Asian ☐ Blac  ■ White ☐ Othe	k or Africa	n American	Unknown Number now	Ethnicit	ollege, No Degree  y anic or Latino Hispanic or Latino Unknown		
Other Termination	ns: N	umber of spontaneou				Number of in	nduced term	-		
Dates of termination	ns (Do no		ation. If more than six (6,							
Fetus delivered alive Yes Fetus viable?		If yes, length of ti	me fetus survived: reason for termination:	4.		5.	Complication(s) of Pregnancy Termination  None Uterine Perforation  Hemorrhage Cervical Laceration  Infection Retained Products			
performed?	Pathological examination							Retained Products		
□ 1cs □	110		, , , ==:	· · -				on of pregnancy result in a maternal death?		
			es							
Procedure that Term	ninated P	regnancy		Additional Pro	ocedure that T	erminated P	regnancy			
Medical (Nonst	Misoprostol									
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) proc	edures, ansv	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following questio	ns.	If the previous	s question was	answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			is given the be	st opportuni	ty to survive?		
			regnant woman had a con ious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant		
Deta 1- de1			Discolotic		-ft-t: (;		D4 f			
Date last normal me	_	an 19/2018	Physicia	in estimate	of gestation (in	ı weeks)	Post Id	ertilization age of the fetus (in weeks)  11		
How were the gestate	·		C				•			
Full name of physics										
Address of physician 1201 N ARLINGTO	•		mber and street, city, stat IN 46219	e, and zip c	code)					
**Date Reported	to DCS.	, if Patient under 1	6 (month, day, year):							
_			year): 05/21/2018					_		

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219		IANAPOLIS - 1201 N AR	City or	r town, of pregn	ancy tei				County of pregnancy termination  MARION		
Patient's age**	Married	ı	Date of pregnancy	termination	Educ	ation					
23		Yes No	05/1	8/2018					ociate Degree		
Race American Indian o Native Hawaiian o	r Other			Black or Afri Other	ican American		nknown ber now d	Not 1	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	Niv	mber of spontaneou	1 sterminations					uced termi	nations		
Other Terminations:  Dates of terminations (		•	1	ain (6) than a		0					
2015	(Do noi		3				5		6		
Fetus delivered alive?		If yes, length of ti			Complication(s) of Pregnancy Termina						
Yes No	)					■ None ☐ Uterine Perforation					
Fatus viable?		If viable medical	waasan fan tanminati	ion.				Hemorrhag	ge 🗌 Ce	rvical Laceration	
Fetus viable?  Yes No	)	if viable, medical	reason for terminati	on:		☐ Infection ☐ Retained Products					
							l	Other (Spe	cify)		
Pathological examinati	ion	If yes, results:									
performed?  Yes No							D: 1 41-		£	14 :	
les e No	U						☐ Ye			esult in a maternal death	
Type of Termination Procedures											
Procedure that Termina	ated Pro	egnancy		Additional F	rocedui	e that Te	minated P	regnancy			
Medical (Nonsurgette)								Mifepriston			
<ul><li>Medical (Nonsurg</li><li>Medical (Nonsurg</li></ul>								Misoprosto Other (Spec			
	, ,	(-1 - 33)						(-1	327		
Madical (Surgical	l) Custi	on Cumettage			☐ Madiaa	l (Cumai	aal) Cuat	ion Cumotto			
☐ Medical (Surgical ☐ Medical (Surgical	l) Mens	strual Aspiration			☐ Medica	l (Surgi	cal) Men	ion Curetta strual Aspi			
Medical (Surgical	l) Othe	r (Specify)			☐ Medica	l (Surgi	cal) Othe	r (Specify)			
For Medical (Surgical)	) proced	lures, answer the fo	lowing question.		For Medical	(Surgic	al) proced	dures, answ	ver the following of	question.	
Was the fetus viable Yes		a post fertilization	age at least 20 week	ks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	n was a	nswered yes, compl	ete the following qu	uestions.	If the previo	us ques	tion was a	inswered y	es, complete the fo	ollowing questions.	
Was the fetus given t ☐ Yes ☐		opportunity to surv	ive?			tus give Yes [		opportuni	ty to survive?		
What was the basis for	or deter	mination that the pr	egnant woman had	a condition	What was	the basi	s for deter	rmination t	hat the pregnant w	voman had a condition	
that required the proc woman?										airment to the pregnant	
woman:					woman:						
Date last normal mense	es hean	n	Dh	vsician estima	ate of gestation	in waal	-6)	Poet fe	ertilization age of	the fetus (in weeks)	
Date last normal mense	_	5/2018		y sician estille	<b>5</b>	ii week	<i>j</i>	1 081 16	_	3	
How were the gestation	_	1	C								
ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physician performing termination											
DR. JEFFREY D. GL											
Address of physician p				y, state, and zi	ip code)						
.201 N ANLINGTON	. AVE,	UIANAFULIS,									
**Date Reported to	DCS	if Patient under 1	6 (month. day vear	r):							
DATE RECEIVED									=		

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219	City or tow		APOLIS		County of pregnancy termination  MARION						
Patient's age** Married Date of pregnancy	termination	Educati	ion								
19 ■ Yes □ No 05/1	8/2018			9th-12	th, No Diploma						
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White   Number pays living	Black or African . Other		Unknown Number now de	☐ Hispa ■ Not H	Anic or Latino Hispanic or Latino  Unknown						
Number of spontaneous terminations			Number of indu		nations						
Other Terminations:    Dates of terminations (Do not include this termination. If more than s	air (6) than a mant	0									
Dates of terminations (Do not include this termination. If more man s			5		6						
Fetus delivered alive? If yes, length of time fetus survived:		Complication(s) of Pregnancy Termin									
☐ Yes ■ No		■ None ☐ Uterine Perforation									
Fetus viable? If viable, medical reason for terminati	ion:		— П	Iemorrhag	e Cervical Laceration						
Yes No	ion.		☐ It	nfection	☐ Retained Products						
			Other (Specify)								
Pathological examination											
performed?  Performed?  CHORIONIC VILLAE, GESTATION	NAL SAC		Did this	terminatio	on of pregnancy result in a maternal death?						
		Yes No									
	Type of Terminati	ion Procedure	es								
Procedure that Terminated Pregnancy	Additional Pro	ocedure that Terr	minated Pr	regnancy							
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol	[		Nonsurgical) M								
Medical (Nonsurgical) Misoprostor  Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction Curettage			Surgical) Suction								
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			Surgical) Mens Surgical) Other		ration						
For Medical (Surgical) procedures, answer the following question.		or Medical (9	Surgical) proced	ures answ	er the following question.						
Was the fetus viable or have a post fertilization age at least 20 week											
Yes No	281	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No									
If the previous question was answered yes, complete the following qu	uestions.	f the previous	question was ar	nswered ye	es, complete the following questions.						
Was the fetus given the best opportunity to survive?			s given the best	opportunit	ey to survive?						
☐ Yes ☐ No		_	es No								
What was the basis for determination that the pregnant woman had that required the procedure to avert death or serious impairment to					hat the pregnant woman had a condition ath or serious impairment to the pregnant						
woman?		woman?	-								
Date last normal menses began Ph 02/28/2018	ysician estimate of	f gestation (in	ı weeks)	Post fe	rtilization age of the fetus (in weeks)  9						
How were the gestational age and post fertilization age determined?					•						
ULTRASOUND EXAMINATION, PELVIC EXAMINATION	ULTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physician performing termination DR. JEFFREY D. GLAZER											
Address of physician performing termination (number and street, city	y, state, and zip coo	de)									
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
**Date Reported to DCS, if Patient under 16 (month, day, year	**Data Panorted to DCS if Patient under 16 (month, day year)										
DATE RECEIVED BY ISDH (month, day, year): 05/21/2018					-						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF INDIA	NAPOLIS - 1201 N AF	RLINGTON AVE,	City o	r town, of pregna	ncy termi	County of pregnancy termination MARION				
Patient's age**	M · ·		Date of pregnar	ncy termination	Educa	tion		П			
26	Married	Yes No	1 0	5/18/2018	Lauca	ition	Back	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Other F		■ White	Black or Afr	ican American	Unkn		anic or Latino Hispanic or Latino			
Other Termination	Num	nber of spontaneo	us terminations			Number	r of induced term				
Dates of termination		nclude this termin	0 nation. If more tha	ın six (6), those	most recent.)			0			
1	2		3		4		5	6			
Fetus delivered alive	l l	If yes, length of ti	me fetus survived	1:			Compli	cation(s) of Pregnancy Termination			
	1,0						None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termin	nation:	Hemorrhage Cervical Lac						
☐ Yes ■	No				☐ Infection ☐ Retained Products						
					☐ Other (Specify)						
Pathological examin	nation	If yes, results:									
performed?	No					Ī	Did this terminati	on of pregnancy result in a maternal death?			
							Yes N				
				Type of Terr	nination Procedu	res					
Procedure that Term	ninated Preg	gnancy			Additional Pr	rocedure t	hat Terminated P	regnancy			
Medical (Nonsi							gical) Mifepriston				
Medical (Nonsi							cical) Misoprosto cical) Other (Spec				
Medical (Surgio	cal) Suction	n Curettage			☐ Medical	(Surgical)	) Suction Curetta	nge			
Medical (Surgion Medica	cal) Menstr	rual Aspiration			☐ Medical	(Surgical)	) Menstrual Asp ) Other (Specify)	ration			
Wiedlear (Burgh	car) Outer	(Бресцу)			Wiedicar	(Burgicar)	) Other (Specify)				
					- 7	(0 1 1)					
For Medical (Surgic	cal) procedu	ires, answer the fo	ollowing question.				•	ver the following question.			
Was the fetus viab  ☐ Yes		a post fertilization	age at least 20 w	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was an	swered yes, comp	lete the following	g questions.	If the previou	ıs questior	n was answered y	es, complete the following questions.			
Was the fetus give				. 1		_	he best opportuni				
Yes [		pportunity to sur-	vive.			Yes		ty to survive.			
What was the basi								hat the pregnant woman had a condition			
that required the power woman?	rocedure to	avert death or ser	rious impairment	to the pregnant	woman?	d the proc	cedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	enses began			Physician estim	ate of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)			
II d		NOWN	1.4	10	7			5			
How were the gestar  ULTRASOUND EX				1.							
	ULTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physician performing termination											
DR. JEFFREY D. O		ng tarmination (	mhor and at	oity state J	in code)						
1201 N ARLINGTO	-			cuy, siaie, and z	ιρ τοαε)						
**Date Reported	to DCS, if	f Patient under	16 (month, day, y	ear):				_			
DATE RECEIVI	ED BY IS	DH (month, day,	year):05/21/20	018				_			

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARL INDIANAPOLIS, IN, 46219	INGTON AVE,	City or town, of		APOLIS		County of pregnancy termination  MARION					
Patient's age** Married	Date of pregnancy termin	nation	Educati	ion							
20	05/18/2018	3				ollege, No Degree					
Native Hawaiian or Other Pacific Islander	Asian Black Other	or African Amer		Unknown Number now de	Not I	anic or Latino Hispanic or Latino	Unknown				
Live Births:	1			Number of indu		0					
Other Terminations:  Number of spontaneous	0			Number of mu	uced termin	0					
Dates of terminations (Do not include this terminal)  1. 2.	tion. If more than six (6),		nt.)	5.		6.					
Fetus delivered alive? If yes, length of tim			Complication(s) of Pregnancy Te								
☐ Yes ■ No				■ N	None	☐ Uterin	ne Perforation				
				I	Hemorrhag	e 🔲 Cervi	cal Laceration				
Fetus viable? If viable, medical re	eason for termination:			Iı	nfection	☐ Retain	ned Products				
			☐ Other (Specify)								
Pathological examination If yes, results:				-	ouici (Spec	-tjy)					
performed?			<del></del>								
☐ Yes ■ No				Did this			It in a maternal death?				
				•							
	Туре с	of Termination P	rocedure	es							
Procedure that Terminated Pregnancy		ocedure that Terr	minated Pr	regnancy							
Medical (Nonsurgical) Mifepristone		$   _{\square M}$	ledical (	Nonsurgical) M	lifepriston	e					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		□ M	ledical (	Nonsurgical) M	lisoprostol	l					
iviedicai (tvonsurgicai) Other (specify)		14.	☐ Medical (Nonsurgical) Other (Specify)								
		_									
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration				Surgical) Suction Surgical) Mens							
Medical (Surgical) Other (Specify)			ledical (	Surgical) Other	(Specify)						
For Medical (Surgical) procedures, answer the following	owing question.	For M	edical (S	Surgical) proced	ures, answ	ver the following que	stion.				
Was the fetus viable or have a post fertilization a ☐ Yes ☐ No	ge at least 20 weeks?	Was	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous question was answered yes, comple	te the following question:	s. If the p	previous	question was a	nswered ye	es, complete the follo	owing questions.				
Was the fetus given the best opportunity to surviv  ☐ Yes ☐ No	ve?	Was		s given the best	opportunit	ty to survive?					
What was the basis for determination that the pre	gnant woman had a cond	ition Wha	it was the	e basis for deter	mination t	hat the pregnant won	nan had a condition				
that required the procedure to avert death or serio woman?		gnant that i	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?								
		Wolli									
Date last normal menses began	Physician	estimate of gest	ation (in	weeks)	Post fo	rtilization age of the	fetus (in weeks)				
03/25/2018		7			1 051 10	5					
How were the gestational age and post fertilization	age determined?										
OLIKASOUND EXAMINATION	ULTRASOUND EXAMINATION										
Full name of physician performing termination											
DR. JEFFREY D. GLAZER											
Address of physician performing termination (num		, and zip code)									
1201 N ARLINGTON AVE, INDIANAPOLIS, I	<b>▼ → U</b> ∠ I J										
**Date Reported to DCS, if Patient under 16	(month day year):										
DATE RECEIVED BY ISDH (month, day, y.						_					

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					own, of pregna	cy termination					
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion					
28 Race		Yes No	05/18/20	18				ociate Degree			
American Indian Native Hawaiian	or Othe		Asian Blace White Other		n American	Unknown Number now d	Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:			3			Number of ind		0			
Other Terminations	3.	umber of spontaneou	0			Number of ma	uced termi	0			
Dates of terminations	s ( <i>Do no</i> 2		ation. If more than six (6			5.		6.			
Fetus delivered alive	?	If yes, length of tir					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ N	No					<b>•</b> 1	None	☐ Uterii	ne Perforation		
F		TC ' 11 1' 1	<u> </u>			I	Hemorrhage Cervical Laceration				
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				Infection	☐ Retai	ned Products		
							Other (Specify)				
Pathological examina	ation	If yes, results:									
performed?  Yes 1		CHORIONIC VII	LAE, GESTATIONAL	SAC		District of the second of the					
i i es	INO	OHOMOMO VIL	LAL, GLOTATIONAL	- OAO			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Туре	e of Termin	ation Procedur	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsu	rgical)	Mifepristone			☐ Medical	(Nonsurgical) N	Mifepriston	ie			
☐ Medical (Nonsu☐ Medical (No						(Nonsurgical) N (Nonsurgical) C					
Interior (Normalized) one (Specify)											
Medical (Surgic	ual) Suat	ion Curattaga			☐ Madical	(Surgical) Sucti	ion Curatta				
☐ Medical (Surgic	al) Mer	strual Aspiration			☐ Medical	(Surgical) Mens	strual Aspi	ration			
Medical (Surgic	al) Oth	er (Specify)			☐ Medical	(Surgical) Othe	r (Specify)				
For Medical (Surgical	al) proce	dures, answer the fol	lowing question.		For Medical (	Surgical) proceed	gical) procedures, answer the following question.				
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viable or have Yes	viable or have a post fertilization age at least 20 weeks?  s   No				
If the previous questi	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus giver		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
What was the basis	for dete	rmination that the n	egnant woman had a coi	ndition	_	_	mination t	hat the pregnant wor	nan had a condition		
that required the pr			ous impairment to the pr		that required			ath or serious impair			
woman?					woman?						
Detail 1	1		- Total		-£ · · · · · ·		B : 0		£-4 (: 1.)		
Date last normal mer	_	an 15/2018	Physici	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the 6	ieius (in weeks)		
How were the gestati	_		C				ı				
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION								
Full name of physicis	an nasf-	rming termination									
DR. JEFFREY D. G											
1 ,		,	nber and street, city, sta	te, and zip o	code)						
1201 N ARLINGTO	N AVE	INDIANAPOLIS,	IN 46219								
**Date Reported t	to DCS	if Patient under 1	6 (month day year)								
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/21/2018											

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	IDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or to	own, of pregnation	APOLIS	on	County of pregnancy termination MARION				
Patient's age**	Marrie	ed	Date of pregnancy term	ination	Educat	ion						
23	[	☐ Yes ■ No	05/18/201	18				ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Blac Othe		n American	Unknown	Not l	y anic or Latino Hispanic or Latino				
Other Termination	ns:	lumber of spontaneou	us terminations 0			Number of i	nduced termi	inations				
Dates of termination	ns (Do no		ation. If more than six (6,									
Fetus delivered alive		1	me fetus survived:	4.		5	Complication(s) of Pregnancy Termination					
☐ Yes ■	No					•	None	☐ Uterine Perforation				
Fetus viable?	Fetus viable? If viable, medical reason for termination:						Hemorrhage Cervical Laceration					
								☐ Infection ☐ Retained Products				
							Other (Spe	cify)				
Pathological examin	nation	If yes, results:										
■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			Туре		ation Procedur							
Procedure that Term					Additional Pr							
☐ Medical (Nonsurgical) Misoprostol ☐ Medical						(Nonsurgical)	Nonsurgical) Mifepristone Nonsurgical) Misoprostol Nonsurgical) Other (Specify)					
Medical (Surgion Medical (Surgio	cal) Me	nstrual Aspiration			☐ Medical	(Surgical) Su (Surgical) M (Surgical) Of	enstrual Aspi	iration				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) pro	cedures, ansv	ver the following question.				
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?			s viable or ha	able or have a post fertilization age at least 20 weeks?					
If the previous quest	tion was	answered yes, comp	lete the following questio	ns.	If the previous	s question wa	estion was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the b	est opportuni	ty to survive?				
			regnant woman had a con ious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant				
Date last normal me	_	gan <b>KNOWN</b>	Physicia	nn estimate	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5				
How were the gestat	_	e and post fertilization	e				l					
Full name of physician performing termination  DR. JEFFREY D. GLAZER												
	n perfori	ning termination (nu	mber and street, city, stat	e, and zip c	code)							
1201 N ARLINGIC	ZIN AVE	, INDIANAPULIS,	114 404 13									
_			6 (month, day, year):					_				
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/21/2018					_				

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or to	wn, of pregna	•		County of pregnancy termination MARION					
Patient's age**	Mounied	Date of pregnancy term	nination	Educa	tion					
18	Married ☐ Yes ■ No	05/18/20 <sup>-</sup>		Lauca		High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:		■ White ☐ Othe		n American		Ethnicit Hisp Not er now deceased	anic or Latino Hispanic or Latino   Unknown			
Other Termination	Number of spontaneou	us terminations			Numb	per of induced term	inations			
	ns (Do not include this termin	0	) those mos	st recent )			0			
	2	*				5	6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No			■ None ☐ Uterine Perforation						
F	70 : 11 1: 1				☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products			
						☐ Other (Spe	cify)			
Pathological examin	nation If yes, results:									
performed?	au a Dianua viii		040							
■ Yes □	No CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
	<u> </u>									
		Туре	e of Termina	ation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l cify)			
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	iration			
Medical (Surgio	cal) Other (Specify)				(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, ansv	ver the following question.			
	ele or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us givei Yes [	n the best opportuni	ty to survive?			
What was the basis	s for determination that the p	regnant woman had a cor	ndition	What was th	ne basis	for determination t	that the pregnant woman had a condition			
that required the pr	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began UNKNOWN	Physicia	an estimate	of gestation (i	n week.	Post fo	ertilization age of the fetus (in weeks)  9			
How were the gestat	tional age and post fertilization	on age determined?								
ULTRASOUND EX	(AMINATION, PELVIC EX	AMINATION								
Full name of physician performing termination  DR. JEFFREY D. GLAZER										
	n performing termination (nu	mber and street, city, sta	te, and zip c	rode)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/21/2018									

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219  City or town					ncy termination		County of pregnan	cy termination ARION		
<u> </u>				T						
Patient's age**  19  Race	ed Yes No	Date of pregnancy ten		Educat		ligh Scho	ol Diploma or GE	D		
American Indian or Alas	er Pacific Islander	☐ Asian ☐ Bla☐ White ☐ Oth		an American	Unknown	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	1			Number now d	eceased	0			
Other Terminations:	Number of spontaneou	us terminations			Number of ind	uced termin	nations 0			
Dates of terminations (Do no	ot include this termin	ation. If more than six (	6), those mo	ost recent.)	5.		6			
Fetus delivered alive?		me fetus survived:				Complic	cation(s) of Pregnanc	cy Termination		
☐ Yes ■ No					1	None	☐ Uteri	ne Perforation		
E	TC : 11 1: 1	· · · · ·			☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
						Other (Spec	rify)			
Pathological examination		`	Suici (Spec	.(1)						
performed?	If yes, results:	LAE OFSTATIONAL	646							
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAI	SAC	Did this termination of pregnancy result in a maternal death						
[										
		Тур	oe of Termin	nation Procedur	res					
Procedure that Terminated I	Pregnancy		ocedure that Ter	minated Pr	regnancy					
Medical (Nonsurgical)					(Nonsurgical) N					
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)				Medical Medical	(Nonsurgical) N (Nonsurgical) C	Aisoprostol Other ( <i>Spec</i>	ify)			
Medical (Surgical) Succession	ction Curettage			☐ Medical	(Surgical) Sucti	on Curetta	ge			
Medical (Surgical) Me Medical (Surgical) Oth	nstrual Aspiration			Medical	(Surgical) Mens (Surgical) Other	strual Aspii				
	iei (specijy)			Wiedicai	(Surgicar) Onle	і (зресіју)				
For Modical (Syraigal) mag	advinas anaryan tha fa	llowing question		For Madical (	Cumainal) munana		on the fellowing au	otion		
For Medical (Surgical) proce		0.1					er the following que			
Was the fetus viable or have ☐ Yes ■ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	answered yes, compl	lete the following quest	ions.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the be ☐ Yes ☐ No	st opportunity to surv	vive?			us given the best Yes \(\sime\) No	opportunit	y to survive?			
What was the basis for det	ermination that the n	reanant woman had a co	ondition	_	_	mination th	hat the pregnant wor	nan had a condition		
that required the procedure				that required				ment to the pregnant		
woman?				woman?						
Details 1			:	-£		D o		£-4 (:		
Date last normal menses beg UN	gan IKNOWN	Physic	ian estimate	e of gestation (i	n weeks)	Post fe	rtilization age of the	ietus (in weeks)		
How were the gestational ag	=	_				1				
ULTRASOUND EXAMINA	ATION, PELVIC EX	AMINATION								
Full name of -1:	aming towning!									
Full name of physician performing termination  DR. JEFFREY D. GLAZER										
Address of physician performation Address of Physician Performance 1201 N ARLINGTON AVE	-		ate, and zip	code)						
		-								
**Date Reported to DCS	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/21/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					town, of pregnancy termination County of p INDIANAPOLIS					nncy termination		
Patient's age**	Marr		Date of pregnancy terr	nination	Educa	tion						
26 Race		☐ Yes ■ No	05/18/20	)18				Bach Ethnicity	elor's Degree			
American Indian Native Hawaiian	or Oth		Asian Bla White Oth		can American		iknown oer now d	Hispa  Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number of spontaneou	0					uced termin	0 nations			
Other Termination	15.		ation. If more than six (	6) 41.000.00		Ivaino	oci oi iliu		0			
1	IS ( <i>Do r</i>		3				5		6			
Fetus delivered alive		If yes, length of ti					Complication(s) of Pregnancy Termination					
☐ Yes ■	No						■ N	None	☐ Ute	rine Perforation		
Fetus viable?		If violate modical	reason for termination:				I	Hemorrhage	e 🔲 Cer	vical Laceration		
Yes Yes	No	ii viable, illedical	reason for termination:				□ I	nfection	Ret	ained Products		
								Other (Specify)				
Pathological examin	ation	If yes, results:										
performed?								terminatio	on of pregnancy re	sult in a maternal death?		
							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			Тур	e of Termi	ination Procedu	res						
Procedure that Terminated Pregnancy Additional Proced								minated Pr	regnancy			
Medical (Nonsu								lifepriston				
Medical (Nonsu Medical (Nonsu		Other (Specify)						Lisoprostol Other (Speci				
Medical (Surgical) Suction Curettage    Medical (Surgical) Suction Curettage												
	cal) Me	enstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir r (Specify)				
	oui, o.	ner (speedy))				(Burgie	ui, Guie	Соростуу				
For Medical (Sympic		and an array that for	llovvin a gyagtion		For Medical	(Cumai a	al) <b>mu</b> a aad	luma amaru	on the fellowing or	vastion		
		cedures, answer the fo	• •				cal) procedures, answer the following question.					
Was the fetus viab ☐ Yes [		we a post fertilization	age at least 20 weeks?				ble or have a post fertilization age at least 20 weeks?  ☐ No					
If the previous quest	tion wa	s answered yes, comp	lete the following questi	ons.	If the previou	ıs quest	estion was answered yes, complete the following questions.					
Was the fetus give	n the b	est opportunity to surv	rive?		Was the fet	us givei	n the best	opportunit	y to survive?			
☐ Yes [	☐ No					Yes [	No	**	•			
			regnant woman had a co							oman had a condition irment to the pregnant		
woman?	roccdur	e to avert death of ser	ious impairment to the p	леднан	woman?	d the pi	occdure t	o avert dea	un or serious impa	irment to the pregnant		
Date last normal me		-	Physic	ian estimat	te of gestation (	in week.	s)	Post fe		ne fetus (in weeks)		
How were the gestat		NKNOWN ge and post fertilization	on age determined?		6				4			
ULTRASOUND EX												
						_						
Full name of physici												
			mber and street, city, sto	ate, and zip	o code)							
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS,	IN 46219									
_			6 (month, day, year): _						-			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/21/2018						_			

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION												
Γ			T									
Patient's age**  18	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/18/20		Educa	tion		Some Co	llege, No Degree			
Race	_		03/16/20	10				Ethnicity	nege, No Degree			
☐ American Indiar ☐ Native Hawaiiar			☐ Asian ☐ Blac ☐ White ☐ Other		an American	□IIn	ıknown		nic or Latino lispanic or Latino	Unknown		
Live Births:		umber now living	0	<i>.</i> 1				deceased	0	Challown		
Other Termination	N. N	umber of spontaneou				Numb	per of inc	duced termin	nations			
		ot include this termin	0 nation. If more than six (6	), those mo	ost recent.)				0			
1	2		3		4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			Complication(s) of Pregnancy Termination						
☐ Yes ■	No						▣	None	☐ Uterin	ne Perforation		
								Hemorrhage	e 🔲 Cervio	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:					Infection	— □ Retair	ned Products		
163	110								_	led Froducts		
		70						Other (Speci	ify)			
Pathological examination performed?												
☐ Yes ■ No								Did this termination of pregnancy result in a maternal death?				
							☐ Yes ■ No					
			Type	of Termin	nation Procedu	res						
Procedure that Term	ninated P	regnancy	- 1900		Additional Pr		e that Te	rminated Pro	egnancy			
Medical (Nonst	urgical)	Mifenristone			☐ Medical	(Nonsu	rgical) l	Mifepristone	•			
Medical (Nonst	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) I	Misoprostol				
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
Medical (Surgio					Medical	(Surgic	al) Suct	ion Curettag strual Aspir	ge otion			
Medical (Surgio	cal) Mei	nstrual Aspiration er (Specify)						er (Specify)	ation			
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgica	al) proce	dures, answe	er the following ques	 stion.		
		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [		answered was comp	lete the following question	ne	_	☐ Yes ☐ No  The previous question was answered yes, complete the following questions.						
				)IIS.	_	_		-	-	wing questions.		
Was the fetus give Yes [		st opportunity to surv	vive?			us giver Yes [		t opportunity	y to survive?			
			regnant woman had a cor		What was the basis for determination that the pregnant woman had a condition							
that required the property woman?	rocedure	to avert death or ser	rious impairment to the pr	egnant	that require woman?	d the pr	ocedure	to avert dear	th or serious impairn	nent to the pregnant		
Data last no1	maca 1	ron.	DL	an action - '	of gostati (	in 1	a)	Doct f	tilization and -f 4	fotus (in a.l.a)		
Date last normal me	-	an <b>(05/2018</b>	Filysicia	an estillate	e of gestation (a	n week!	» <i>)</i>	FOST ICI	tilization age of the <b>3</b>	icius (iii weeks)		
How were the gestat												
ULTRASOUND EX	KAMINA	TION, PELVIC EX	AMINATION									
Γ = 4												
Full name of physics DR. JEFFREY D. (	_	-										
			mber and street, city, star	te, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVED BY ISDH (month, day, year): 05/21/2018												

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or to	own, of pregna	•		County of pregnancy termination MARION					
Dotion4?	Γ	Data of	imati.	F-1	tio					
Patient's age** 25	Married ☐ Yes ■ No	Date of pregnancy term 05/18/201		Educa	tion		ol Diploma or GED			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		nn American	☐ Un		/ anic or Latino Hispanic or Latino			
Live Births:	Number now living	2			Numb	per now deceased	0			
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	•		ost recent.)						
Fetus delivered alive	1	me fetus survived:	4	1		5 Complie	cation(s) of Pregnancy Termination			
Yes •	, ,	10:40 541 11:04				■ None ☐ Uterine Perforation				
				— ☐ Hemorrhag	e Cervical Laceration					
Fetus viable?  Yes	If viable, medical									
l les E	140		☐ Infection ☐ Retained Products ☐ Other (Specify)							
Pathological examin	nation If yes, results:			- Other (specify)						
performed?										
☐ Yes ■	No			Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?					
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec				
Section (value (aposty))										
Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?			
			4141	_		_	h-44h			
that required the pr	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Data 1	mana haa			of seed of		a)	utilization are -f-df			
Date last normal me	03/21/2018	Physicia	ui estimate	of gestation (i	п wеек:	Post fe	rtilization age of the fetus (in weeks)  5			
_	tional age and post fertilization	on age determined?				•				
ULTRASOUND EX	AAWIINA HUN									
Full name of physic	ian performing termination									
DR. JEFFREY D. (	GLAZER									
* *	n performing termination (nu DN AVE, INDIANAPOLIS,	•	e, and zip	code)						
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	ED BY ISDH (month, day,	year): 05/21/2018					_			

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219	City or town,	r town, of pregnancy termination INDIANAPOLIS County of pregnancy termi MARION						
Patient's age** Married Date of pregnancy ter	rmination	Educati	ion					
34	2018		H	igh Scho Ethnicity	ol Diploma or GED			
American Indian or Alaska Native Asian Indian or Other Pacific Islander White Other Pacific Islander Indian Indian or Other Pacific Islander Indian I	ack or African Arther		Unknown Number now do	☐ Hispa ■ Not H	Anic or Latino Hispanic or Latino			
Number of contangue terminations			Number of indu		0 nations			
Other reminations.	(C) d		Number of mac	iced termin	2			
Dates of terminations ( <i>Do not include this termination. If more than six</i> 1. 2012 2. 2017 3. 1999	(0), those most red	cent.)	5		6			
Fetus delivered alive? If yes, length of time fetus survived:				Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ No			■ N	None	☐ Uterine Perforation			
Fetus viable? If viable, medical reason for termination:			— 🗆 н	Hemorrhage Cervical Laceration				
Fetus viable?  If viable, medical reason for termination:  Yes No	:		□ Iı	☐ Infection ☐ Retained Products				
			По	☐ Other (Specify)				
Pathological examination								
performed?  Performed?  CHORIONIC VILLAE, GESTATIONA	LSAC		Dildi ( )					
E 163				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
Ту	pe of Termination	n Procedure	es					
Procedure that Terminated Pregnancy	ocedure that Terr	minated Pr	regnancy					
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) O					
Medical (Surgical) Suction Curettage	_	Medical (	(Surgical) Suction	on Curetta	σρ			
		Medical (	(Surgical) Mens (Surgical) Other	trual Aspi				
Medical (Surgical) Other (Specify)		Medicai (	(Surgical) Onlei	(ѕресцу)				
For Medical (Surgical) procedures, answer the following question.					ver the following question.			
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No	W		is viable or have Yes  \text{No}	iable or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous question was answered yes, complete the following question	tions. If th	ne previous	s question was a	nswered ye	es, complete the following questions.			
Was the fetus given the best opportunity to survive?	w		s given the best	opportunit	ty to survive?			
☐ Yes ☐ No		□ Y	es No					
What was the basis for determination that the pregnant woman had a c that required the procedure to avert death or serious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	1 0	oman?	<u>r</u>		r			
	L							
Date last normal menses began  UNKNOWN  Physic	cian estimate of g	estation (in	n weeks)	Post fe	rtilization age of the fetus (in weeks)  6			
How were the gestational age and post fertilization age determined?					<u> </u>			
ULTRASOUND EXAMINATION, PELVIC EXAMINATION								
Full name of physician performing termination DR. JEFFREY D. GLAZER								
Address of physician performing termination (number and street, city, s	tate, and zip code	)						
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219								
**Date Reported to DCS, if Patient under 16 (month, day, year):								
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or t	own, of pregna	County of pregnancy termination MARION							
Datient's aga**	I.,	Data of programmer to	ination	Educa	tion					
Patient's age** 21	Married  ■ Yes □ No	Date of pregnancy term 05/18/201		Educa	uon	High Scho	ol Diploma or GED			
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac☐ White ☐ Othe		an American			anic or Latino Hispanic or Latino  Unknown			
Live Births:	Number of apontoness	0				per of induced termi	0 nations			
Other Termination	15.	0	\		Ttullic	or or madeca terms	0			
Dates of termination	ns (Do not include this termin	3		ost recent.) 4		5	6			
Fetus delivered alive	, ,	me fetus survived:				Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None ☐ Uterine Perforation				
	70									
Fetus viable?  Yes	If viable, medical		☐ Infection	☐ Retained Products						
			Other (Specify)							
Pathological examin	nation If yes, results:					— Guier ( <i>spectyy</i> )				
performed?										
☐ Yes ■ No						Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?			
		Туре	of Termir	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsu	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nonst	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprostol				
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
<u> </u>										
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic (Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration			
☐ Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	sy to survive?			
				_		_				
that required the pr	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began 03/25/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  3			
How were the gestat	tional age and post fertilization	on age determined?		<u> </u>			<u> </u>			
ULTRASOUND EX	(AMINATION									
Full name of physic	ian performing termination									
	n performing termination (nu	mber and street, city, stat	e, and zip	code)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
_	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/21/2018									

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THE WOMEN'S MED CEN	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					or town, of pregnancy termination County of preg					
Patient's age**		1	Date of pregnan	cy termination	Educa	tion					
28	Marrie	Yes No		/18/2018	Educa		achelor's Degree				
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ White [	Black or Afri Other	can American	□ I					
	N	umber of spontaneou	on terminations			Number of induced to	orminations				
Other Termination  Dates of termination	15.	•	0	n six (6), those n	nost recent )		1				
1. <b>2015</b>		2				5 6					
Fetus delivered alive		If yes, length of ti	me fetus survived	:		Cor	nplication(s) of Pregnancy Termination				
☐ Yes ■	No					■ None	☐ Uterine Perforation				
Fetus viable?		If viable, medical	reason for terming	ation:		☐ Hemor	Hemorrhage Cervical Laceration				
Yes •	No	ii viaoie, inedicar	☐ Infection	☐ Infection ☐ Retained Products							
						Other (	☐ Other (Specify)				
Pathological examin	nation	If yes, results:									
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATION	Did this termi	nation of pregnancy result in a maternal death?						
					No						
				Type of Term	ination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Terminate	ed Pregnancy				
Medical (Nons						(Nonsurgical) Mifepri					
☐ Medical (Nonsi						(Nonsurgical) Misopre (Nonsurgical) Other (					
	Inculcui (Nonsuigicui) Suici (speciji)										
■ Medical (Surgical) Suction Curettage											
Medical (Surgion	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) Menstrual	Aspiration				
Medical (Surgio	cai) Oin	er ( <i>Specify</i> )			☐ Medical	(Surgical) Other (Spec	·(Jy)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures,	answer the following question.				
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 we	æks?		ne fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	s question was answere	ed yes, complete the following questions.				
Was the fetus give ☐ Yes [		st opportunity to surv	ive?			us given the best oppor	tunity to survive?				
		ermination that the pr					on that the pregnant woman had a condition				
that required the pay	rocedure	to avert death or ser	ious impairment to	o the pregnant	that required woman?	d the procedure to aver	t death or serious impairment to the pregnant				
Date last normal me	enses beg	an	I	Physician estima	ite of gestation (i	n weeks) Po	st fertilization age of the fetus (in weeks)				
	03/	25/2018			7		5				
How were the gestar  ULTRASOUND EX	_	=	_	?							
32113100 OND E/		,									
Full name of physic	ian perfo	orming termination									
DR. JEFFREY D. C			, ,	•, , , •							
Address of physician 1201 N ARLINGTO	-	-		rty, state, and zi	p code)						
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/21/2018										

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION											
The state of the s			l D		l nı						
Patient's age**  22	Marrie	ed ☐ Yes ■ No	Date of pregnancy term <b>05/18/20</b>		Educa	ition		Asso	ciate Degree	ŧ	
Race American Indian Native Hawaiian	n or Alas	ka Native		ck or Afric	an American	☐ Un	ıknown	Ethnicity  Hispa			Unknown
Live Births:	N	fumber now living	2			Numb	per now o	deceased	0		
Other Termination	ns: N	lumber of spontaneo	us terminations			Numb	per of inc	luced termin	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more than six (6	), those me	ost recent.)	1					
1			3		4		5	Complia	cation(s) of Preg		Tormination
Fetus delivered alive		If yes, length of ti	me fetus survived:				•	None	_ `		Perforation
Fetus viable?		If viable medical	reason for termination:					Hemorrhag	e 🗌 (	Zervica <sup>1</sup>	l Laceration
Yes •	No	ii viaole, inedicai	reason for termination.					Infection	□ F	Retaine	d Products
								Other (Spec	cify)		
Pathological examination											
performed?  Yes No CHORIONIC VILLAE, GESTATIONAL SAC							Did thi			result	in a maternal death?
D : : -			Туро	e of Termin	nation Procedu		<u> </u>				
Procedure that Term	ninated P	regnancy			Additional P	rocedure	e that Te	rminated Pr	egnancy		
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical)						Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)					
Medical (Surgi	cal) Me	nstrual Aspiration				(Surgic	al) Men	ion Curetta strual Aspir er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proce	dures, answ	er the following	g questi	on.
Was the fetus viab		ve a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was	answered yes, comp	lete the following question	ons.	If the previou	ıs quest	s question was answered yes, complete the following questions.				
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us giver Yes [		t opportunit	ty to survive?		
			regnant woman had a corious impairment to the p								n had a condition ent to the pregnant
Date last normal me	_	gan KNOWN	Physici	an estimate	e of gestation (	in week:	s)	Post fe	rtilization age o	of the fe	tus (in weeks)
How were the gesta		e and post fertilization	on age determined?		12					10	
ULTRASOUND EX	KAMINA	TION, PELVIC EX	AMINATION								
Full name of physic	ian perfo	orming termination									
DR. JEFFREY D. (			unhou and atoms	to 1 ·	ands)						
1201 N ARLINGTO			mber and street, city, sta	ье, апа zīp	coue)						
**Date Reported	to DCS	, if Patient under	16 (month, day, year):						-		
DATE RECEIVI	ED BY	ISDH (month, day,	<i>year</i> ):05/21/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or to	own, of pregna	•		County of pregnancy termination MARION					
Datient's aga**	T.,	Data of program as to	ination	Educa	tion					
Patient's age** 35	Married ☐ Yes ■ No	Date of pregnancy term 05/18/201		Educa	tion		ol Diploma or GED			
Race American Indiar Native Hawaiiar	n or Other Pacific Islander	☐ Asian ☐ Blacc☐ White ☐ Other		n American		known Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	3				er now deceased	0			
Other Termination		1			Numb	per of induced termi	nations 1			
Dates of termination 1. 2008	ns (Do not include this termin <sub>2.</sub> <b>2013</b>	nation. If more than six (6)		st recent.)		5.	6.			
Fetus delivered alive	e? If yes, length of ti	ime fetus survived:				Complie	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation			
						☐ Hemorrhag	e			
Fetus viable?  Yes	If viable, medical		☐ Infection ☐ Retained Products							
			Other (Specify)							
Pathological examin	nation If yes, results:									
performed?										
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
		Туре	of Termin	ation Procedur	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l ify)			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
Medical (Surgio	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	elete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us giver Yes [	n the best opportuni	ty to survive?			
			4141	_	_	_	h-44h 1/4/			
that required the pr	s for determination that the procedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Data last	angag hagan	Tot · ·	un acti '	of goat-ti	· · · · · · · · · · · · · · · · · · ·		wtilization ago of the form 1			
Date last normal me	03/23/2018	Physicia	ui estiinate	of gestation (i	n weeks	Post Ie	rtilization age of the fetus (in weeks)  6			
_	tional age and post fertilization	on age determined?				•				
ULTRASOUND EX	AAWIINA I IUN									
Full name of physic	ian performing termination									
DR. JEFFREY D. (	GLAZER									
* *	n performing termination (nu DN AVE, INDIANAPOLIS,	•	e, and zip o	code)						
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/21/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	City or tow		ncy termination		County of pregnancy termination MARION					
Patient's age**	N · 1	Date of pregnancy term	nination	Educat	ion					
28	Married ☐ Yes ■ No	05/18/20 <sup>-</sup>		Educat		igh Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ White ☐ Othe	ek or African A	American	Unknown Number now d	☐ Not	anic or Latino Hispanic or Latino			
Other Termination	Number of spontaneo	us terminations			Number of inde	uced term	inations			
	ns (Do not include this termin	0 action. If more than six (6	), those most	recent.)			6			
ı. <b>2014</b>	2. 2014	3. <b>2016</b>		2016	5 <b>2</b>	016	6. 2017			
Fetus delivered alive  Yes  Fetus viable?  Yes  Yes	No  If viable, medical	me fetus survived: reason for termination:				Compli None Hemorrhag nfection Other (Spe	Retained Products			
Pathological examin	nation If yes, results:									
performed?  • Yes	EXAMINATION, PELV	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No								
		Туре	e of Terminati	on Procedur	es					
Procedure that Term	ninated Pregnancy		A	dditional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu	urgical) Mifepristone urgical) Misoprostol urgical) Other (Specify)		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	trual Aspi	iration			
For Medical (Surgic	al) procedures, answer the fo	ollowing question.	F	or Medical (	Surgical) proced	ures, ansv	ver the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons. If	the previous	s question was a	nswered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	n the best opportunity to sur No	vive?			as given the best Yes No	opportuni	ty to survive?			
	s for determination that the p rocedure to avert death or ser		regnant				that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	-	Physicia	an estimate of	-	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
_	UNKNOWN tional age and post fertilization (AMINATION, PELVIC EX	=		7			5			
	- , <u></u>	-								
Full name of physici	ian performing termination									
DR. JEFFREY D. C		unh on and -tre-t	40 mm J = •	da)						
	n performing termination (nu DN AVE, INDIANAPOLIS,	•	te, ana zip cod	ae)						
_	to DCS, if Patient under						_			
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219	City or to		ncy termination		County of pregnancy termination MARION			
Patient's age** Married Date of pregnancy	termination	Educat	ion					
16	8/2018				th, No Diploma			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White   Number pow living	Black or African Other	n American	Unknown Number now do	Not H	unic or Latino Hispanic or Latino	Unknown		
Number of aportaneous terminations			Number of indu		0			
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more than s	ain (6) than a man	************	Number of mac		0			
Dates of terminations (Do not include this termination. If more than s			5		6			
Fetus delivered alive? If yes, length of time fetus survived:			Termination					
☐ Yes ■ No		■ None ☐ Uterine Perforation						
Fetus viable? If viable, medical reason for termination	on:		D	Iemorrhage	e	l Laceration		
Yes No	on.		□ Iı	☐ Infection ☐ Retained Products				
				☐ Other (Specify)				
Pathological examination								
performed?			Did this	terminatio	on of pregnancy result	in a maternal death?		
			Did this termination of pregnancy result in a maternal death?  Yes No					
	Type of Termina	ation Procedur	es					
Procedure that Terminated Pregnancy		Additional Pro	ocedure that Terr	minated Pr	egnancy			
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> </ul>			(Nonsurgical) M					
Medical (Nonsurgical) Misoprostoi  Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage			(Surgical) Suction					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Mens (Surgical) Other		ration			
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) proced	ures answ	er the following questi	- On		
Was the fetus viable or have a post fertilization age at least 20 week		Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes No	28:	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following qu	uestions.	If the previous	s question was a	nswered ye	es, complete the follow	ing questions.		
Was the fetus given the best opportunity to survive?			is given the best	opportunit	y to survive?			
☐ Yes ☐ No		∐ Y	es □ No					
What was the basis for determination that the pregnant woman had that required the procedure to avert death or serious impairment to t					nat the pregnant woman th or serious impairme			
woman?		woman?	•			1 0		
Date last normal menses began  03/15/2018	ysician estimate	of gestation (ii	n weeks)	Post fer	rtilization age of the fe	tus (in weeks)		
How were the gestational age and post fertilization age determined?		<u> </u>						
ULTRASOUND EXAMINATION								
Full name of physician performing termination DR. JEFFREY D. GLAZER								
Address of physician performing termination (number and street, city	y, state, and zip c	rode)						
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219								
**Date Reported to DCS if Patient under 16 (month day year	r)·							
*Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or tow		ncy termination		County of pregnan	cy termination ARION			
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educat	tion						
23 Race	[	Yes No	05/18/20	18				ociate Degree				
☐ American Indian ☐ Native Hawaiian	or Othe		Asian Blac White Othe	k or African . er	American	Unknown Number now d	■ Not I	anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	1			Number of ind		nations				
Other Termination	5.	•	ation. If more than six (6	) those most	recent )			2				
1. <b>2014</b>			3			5		6				
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No					1	■ None ☐ Uterine Perforation					
Fetus viable?		If viable medical	reason for termination:			D	Hemorrhage Cervical Laceration					
Yes I	No	ii viaole, medicar	reason for termination.			_ I	☐ Infection ☐ Retained Products					
							Other (Spec	cify)				
Pathological examin	ation	If yes, results:										
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	s terminati	on of pregnancy resu	It in a maternal death?			
						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			Type	of Terminati	ion Procedur	res						
Procedure that Term	inated P	regnancy		dditional Pr	ocedure that Ter	minated Pr	regnancy					
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) N						
Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgional Control Contro				<sub>E</sub>		(Surgical) Sucti						
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other		ration				
							. 1					
For Medical (Surgic	al) proce	dures answer the fol	lowing question		or Medical (	Surgical) proced	lures answ	ver the following que	stion			
, ,			0 1			Medical (Surgical) procedures, answer the following question.						
Was the fetus viab.		e a post tertifization	age at least 20 weeks?			Vas the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons. If	the previou	s question was a	nswered y	es, complete the follo	owing questions.			
		st opportunity to surv	ive?			us given the best	opportuni	ty to survive?				
☐ Yes ☐	_ No					Yes No						
			egnant woman had a con ous impairment to the pr					hat the pregnant wor				
woman?					woman?	•		•	1 0			
Date last normal me	_	an KNOWN	Physicia	an estimate of	f gestation (ii	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat			n age determined?					<u>_</u>				
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION									
E-11 C : : :	^											
Full name of physici DR. JEFFREY D. 0												
1 7			mber and street, city, stat	te, and zip cod	de)							
1201 N ARLINGTO	N AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	. if Patient under 1	6 (month. day. year):									
•	**Date Reported to DCS, if Patient under 16 (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or t	own, of pregna	•		County of pregnancy termination MARION				
Datient's aga**		Data of magnes t-	ination	Educa	tion				
Patient's age** 21	Married ☐ Yes ■ No	Date of pregnancy term 05/18/201		Educa	non	High Scho	ool Diploma or GED		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Black ☐ White ■ Othe		an American			y anic or Latino Hispanic or Latino		
Live Births:	Number of apontoness	0 us terminations			Numh	per of induced termi	0 nations		
Other Termination	15.	0	\ .1		Ttullio	er or madeed term	0		
Dates of termination	ns (Do not include this termin	3		ost recent.) 4		5	6		
Fetus delivered alive	1	me fetus survived:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	☐ Uterine Perforation		
						☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:		☐ Infection ☐ Retained Products					
l les 🕒	110								
B.1.1.1.1.	. 70 1			Other (Specify)					
Pathological examin performed?	ation If yes, results:								
☐ Yes ■	No		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
						Yes N	0		
		Туре	of Termin	nation Procedur	es				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonsu	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
Medical (Nonst	urgical) Misoprostol urgical) Other (Specify)				(Nonsu	rgical) Misoprosto	l		
iviedicai (Nolist	urgicar) Other (specify)			Wiedicai	(INOIISU	ilgical) Other (spec	10,97)		
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	eal) Suction Curetta eal) Menstrual Aspi	ge		
	cal) Other (Specify)			Medical	(Surgic	cal) Other (Specify)	Tation		
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
	le or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes [	□ No			Yes No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?		
	s for determination that the p	rognant woman had a gan	dition	_	_	_	hat the pregnant woman had a condition		
that required the pr	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
L									
Date last normal me	enses began 03/22/2018	Physicia	n estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6		
How were the gestat	tional age and post fertilization	on age determined?		0			Ü		
ULTRASOUND EX									
					_				
	ian performing termination								
DR. JEFFREY D. (	<b>GLAZER</b> n performing termination (nu	mher and street city stat	e and zin	code)					
* *	ON AVE, INDIANAPOLIS,	•	г, ана цр	couc <sub>j</sub>					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVE	PATE RECEIVED BY ISDH (month, day, year): 05/21/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENTINDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t	town, of pregna	ncy termina	ation		County of p	-	cy termination			
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion								
25		Yes No	05/18/20						ollege, No D	egree				
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian Blac White Other		an American	Unknov		Not I	y anic or Latino Hispanic or La		Unknown			
Live Births:		umber now living	2						0					
Other Termination	15.	umber of spontaneou	2			Number of	f indu	ced termi	nations 0					
Dates of termination 2015		0010	ation. If more than six (6		,		5			6.				
Fetus delivered alive	e?	If yes, length of tin						Complia	cation(s) of Pr	egnanc	y Termination			
Yes I	No				■ None ☐ Uterine Perforation						e Perforation			
							□ н	emorrhag	ge 🔲	Cervi	cal Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ In	fection	П	Retain	ed Products			
							Other (Specify)							
Pathological examin	Pathological examination								- Giller (Specify)					
performed?		,,				Did this termination of pregnancy result in a maternal death?								
☐ Yes ■	No					Die	d this Yes			cy resul	It in a maternal death?			
			Type	of Termi	nation Procedur	res								
Procedure that Term	regnancy		Additional Pr	ocedure that	ıt Tern	ninated Pr	regnancy							
Medical (Nonsu		☐ Medical	(Nonsurgica	al) M	ifepriston	ie								
	Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)							isoprostol ther (Spec						
			( 8	.,	(-1	337								
Modical (Surgice	anl) Sua	ion Curattaga			☐ Madical	(Curgical)	Suotio	n Curatta						
	cal) Mer	strual Aspiration				(Surgical) S (Surgical) I	Menst	rual Aspi	ration					
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical)	Other	(Specify)						
For Medical (Surgical	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) pr	rocedu	ıres, answ	ver the followi	ng ques	stion.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No									
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question v	was an	swered yo	es, complete th	he follo	wing questions.			
	n the bes	t opportunity to surv	ive?			us given the Yes		opportuni	ty to survive?					
	_				_	_								
that required the pr			egnant woman had a con ous impairment to the pr		that require						nan had a condition nent to the pregnant			
woman?					woman?									
			T											
Date last normal me	_	an <b>03/2018</b>	Physicia	an estimato	e of gestation (i	n weeks)		Post fe	ertilization age	of the	fetus (in weeks)			
How were the gestat	ional ago	e and post fertilization	n age determined?					1						
ULTRASOUND EX	AMINA	TION												
E II														
Full name of physici DR. JEFFREY D. 0														
	-	-	nber and street, city, stat	te, and zip	code)									
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219											
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):											
DATE RECEIVED BY ISDH (month, day, year): 05/21/2018														

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City	or town, of pregna	ancy termi		County of pregnancy termination MARION				
Patient's age**		1	Date of pregnar	nev terminetie	Educa	ntion						
33	Marrie [	ed ☐ Yes ■ No		ncy termination 5/18/2018	Educa	uion	Bach	nelor's Degree				
Race American Indiar Native Hawaiiar Live Births:	n or Othe		White	☐ Black or Af  Other	rican American	Unkn	Ethnicit Hisp Hown Not	anic or Latino Hispanic or Latino  Unknown				
	N	Tumber of spontaneou	o us terminations			Number	r of induced termi	inations				
Other Termination	15.	ot include this termin	1	an six (6) those	most recent )			0				
1. <b>2005</b>		2					_ 5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived	d:			Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	No						None	☐ Uterine Perforation				
Fetus viable?		If viable medical	massan fan tannin	ations			☐ Hemorrhag	ge Cervical Laceration				
Yes Yes	No	If viable, medical	reason for termin	іапоп:			☐ Infection ☐ Retained Products					
								☐ Other (Specify)				
Pathological examin	nation	If yes, results:					U Ouier (specify)					
performed?												
■ Yes □	No	CHORIONIC VIL	LAE, GESTATI	IONAL SAC		Did this termination of pregnancy result in a maternal death?  Yes No						
						•						
				Type of Ter	mination Procedu	res						
Procedure that Term	ninated P	regnancy			Additional P	rocedure t	hat Terminated P	regnancy				
☐ Medical (Nonsi	urgical)	Mifepristone			☐ Medical	(Nonsurg	rical) Mifepristor	ne				
☐ Medical (Nonst							ical) Misoprosto	1				
Medical (Nonsu	urgicai)	Otner (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgion Medica		tion Curettage nstrual Aspiration			☐ Medical ☐ Medical	(Surgical)	<ul><li>) Suction Curetta</li><li>) Menstrual Aspi</li></ul>	nge iration				
Medical (Surgio							) Other (Specify)					
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medical	(Surgical)	procedures, ansv	ver the following question.				
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 w	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was	answered yes, comp	lete the following	g questions.	If the previou	ıs questior	n was answered y	es, complete the following questions.				
		st opportunity to surv		•		_	he best opportuni					
☐ Yes [	☐ No					Yes	No					
		ermination that the pre-						that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	rocedure	to avert death of ser	ious impairment	to the pregnant	woman?	d the proc	tedure to avert de	aut of serious impairment to the pregnant				
Date last normal me	_			Physician estin	nate of gestation (	in weeks)	Post fe	ertilization age of the fetus (in weeks)				
How were the cost-		26/2018	nn aga datamain -	19	7			5				
ULTRASOUND EX	_	e and post fertilization TION, PELVIC EX	-	u:								
L												
Full name of physics	_	-										
DR. JEFFREY D. C			ude on en I e	aita arere T	-in and -)							
1201 N ARLINGTO	-	ming termination (nu.		сіту, state, and	zıp code)							
**Date Reported	to DCS	, if Patient under 1	6 (month, dav. v	vear):				_				
•	*Date Reported to DCS, if Patient under 16 (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City or	town, of pregna	ncy termina	ation	County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy terr	nination	Educat	tion					
24	_	Yes No	05/18/20					ool Diploma or GED			
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Bla☐ White ☐ Oth		an American	Unkno		y anic or Latino Hispanic or Latino			
Live Births:	N	umber of spontaneou	2 is terminations			Number o	of induced termi	nations 0			
Other Termination	15.		ation. If more than six (	6) those m	ost recent )			3			
1. 2014		2009	3. 2011		4. <b>2011</b>		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					[	None	☐ Uterine Perforation			
Fetus viable?		If viable medical	reason for termination:		Hemorrhage Cervical Lacer						
Yes Tetus viable?	No	ii viable, illedical	reason for termination.		☐ Infection ☐ Retained Products						
						☐ Other (Specify)					
Pathological examin	ation	If yes, results:									
performed?  Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	. SAC	Did this termination of pregnancy result in a maternal de						
i les [	110										
Γ											
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that	nt Terminated P	regnancy			
☐ Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsurgic	al) Mifepristor	ne			
Medical (Nonsu  Medical (Nonsu							al) Misoprosto				
	(- <b>F</b> 9))				(	, (~ <i>p</i> · ·	<i>977</i>				
- M 1: 1/6 :	· · · · · · · · · · · · · · · · · · ·				(C : 1)	g .: G					
	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical)	Suction Curetta Menstrual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical)	Other (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) p	rocedures, ansv	ver the following question.			
	le or hav	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following questi	ons.	If the previou	s question v	was answered y	es, complete the following questions.			
	n the bes	st opportunity to surv	vive?			us given the	e best opportuni	ty to survive?			
				4141		_		1-441			
that required the pr			regnant woman had a co ious impairment to the p		that required			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
Date last normal me	_	an <b>28/2018</b>	Physic	ian estimat	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)  9			
How were the gestat			on age determined?					<u> </u>			
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION								
	Full name of physician performing termination  IR. JEFFREY D. GLAZER										
	-		mber and street, city, sta	ite, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_			
_	**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City or t	own, of pregna	-			County of pregnancy termination  MARION			
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion						
24		Yes No	05/18/201	18			Hig	_	ol Diploma or C	GED		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American		iknown ber now de	Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2 s terminations			Numh	per of indu	ced termin	0 nations			
Other Termination	3.		0	\ .1		rvume	oci oi maa	eca terrim	0			
Dates of termination	s ( <i>Do no</i> 2		ation. If more than six (6,		ost recent.) 4.		5.		6.			
Fetus delivered alive	?	If yes, length of tin			***			Complica	ation(s) of Pregna	ancy Termination		
☐ Yes ■ I	No						■ N	one	☐ Ute	erine Perforation		
							П н	emorrhage	e	rvical Laceration		
Fetus viable?  Yes  I	N.o.	If viable, medical	reason for termination:					fection	_	tained Products		
res 📮 i	NO									tailled Products		
							ther (Spec	ify)				
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		<u> </u>					1es	<u> </u>	•			
			Туре	of Termin	nation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	e that Tern	ninated Pro	egnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone		☐ Medical	(Nonsu	rgical) M	ifepristone	<b>:</b>				
☐ Medical (Nonsu ☐ Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
			(		(~ <i>I</i> ;	127						
	1) 0					· ·	1) 0 .					
<ul><li>Medical (Surgion</li><li>Medical (Surgion</li></ul>		tion Curettage estrual Aspiration					al) Suctional) Menst					
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	(Specify)				
For Medical (Surgical	al) proce	dures, answer the fol	lowing question.		For Medical (	Surgica	al) procedu	ires, answe	er the following q	uestion.		
Was the fetus viabl ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, compl	ete the following questio	ns.	If the previou	s questi	ion was an	swered ye	s, complete the fo	ollowing questions.		
		t opportunity to surv	ive?					opportunity	y to survive?			
☐ Yes ☐	」 No				<u> </u>	Yes [	」No					
			egnant woman had a con ous impairment to the pr							oman had a condition airment to the pregnant		
woman?			1	Č	woman?	1			1	1 0		
Date last normal men	_		Physicia	n estimate	e of gestation (i	n weeks	s)	Post fer	-	he fetus (in weeks)		
How were the gestat		KNOWN and post fertilization	n age determined?		7					5		
ULTRASOUND EX	·		C									
Full name of physici	_	-										
			nber and street, city, stat	e, and 7in	code)							
1201 N ARLINGTO	-	-										
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):									
DATE RECEIVE	ED BY	ISDH (month, dav.	year): 05/21/2018						_			

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	City or to	own, of pregna	•		County of pregnancy termination MARION				
Patient's age**	Married	Date of pregnancy term	nination	Educa	tion				
27	Yes No	05/18/20 <sup>-</sup>		Zouca		Bach	elor's Degree		
Race American Indian Native Hawaiian Live Births:		■ White ☐ Othe		n American		Ethnicity Hisp Not loer now deceased	anic or Latino Hispanic or Latino  Unknown		
	Number of spontaneou	us terminations			Numb	per of induced termi	nations		
Other Termination  Dates of termination	ns (Do not include this termin	0	), those mo	st recent.)			0		
1		3				5	6		
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration					
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.		☐ Infection ☐ Retained Products					
				☐ Other (Specify)					
Pathological examin	nation If yes, results:								
performed?  Yes	No CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this terminati	on of pregnancy result in a maternal death?		
						Yes N			
		Туре	of Termin	ation Procedur	es				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l rify)		
Medical (Surgional)	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
iviculcai (Surgi	car) Onici (specijy)			Wiedicar	(Burgic	an) Outer (Specify)			
				- 1/ 1/					
	eal) procedures, answer the fo					•	ver the following question.		
	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.		
	en the best opportunity to surv	• •		•	•	n the best opportuni			
Yes [					res [		ty to survive.		
	s for determination that the p						hat the pregnant woman had a condition		
woman?	rocedure to avert death or ser	rous impairment to the pi	regnant	woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)		
TT (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	03/25/2018	1.4 . 19		6			4		
_	tional age and post fertilization  (AMINATION, PELVIC EX	=							
	,								
	ian performing termination								
DR. JEFFREY D. (	GLAZER  n performing termination (nu	mhor and atmost aire	to and -!	roda)					
	n performing termination ( <i>nu</i> <b>DN AVE, INDIANAPOLIS,</b>	•	e, ana zip o	.oue)					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/21/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address SIDNEY AND LOIS ESKENAZI HOSPITAL - 720 ESKENAZI AVE, INDIANAPOLIS, IN, 46202				City or t	town, of pregna	-		County of pregnancy termination  MARION		
D (* 3 355					1 = -					
Patient's age** 37	Married	Yes 🔲 No	Date of pregnancy ter  05/16/2		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	or Other I		☐ Asian ☐ Bla ☐ White ☐ Ott		an American			y anic or Latino Hispanic or Latino		
Other Termination	Nun	mber of spontaneou	us terminations			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not i	include this termin	ation. If more than six (	6), those m	ost recent.)					
Fetus delivered alive			me fetus survived:		4		5	cation(s) of Pregnancy Termination		
							None	☐ Uterine Perforation		
Fetus viable?	viable? If viable, medical reason for termination:						☐ Hemorrhag	e Cervical Laceration		
☐ Yes ■		, , , , , , , , , , , , , , , , , , , ,					☐ Infection	☐ Retained Products		
							Other (Spec	cify)		
Pathological examin	nation	If yes, results:								
performed? ☐ Yes ■	No						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?		
			Туј	oe of Termi	nation Procedu	res				
Procedure that Terminated Pregnancy Additional							e that Terminated P	regnancy		
☐ Medical (Nonsurgical) Mifepristone							rgical) Mifepriston			
Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
Interior (Tonomigram) office (Specify)										
Medical (Surgional Control Contro	cal) Suction	on Curattaga			☐ Medical	(Surgio	al) Suction Curetta			
☐ Medical (Surgio	cal) Menst	rual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgio	cal) Other	(Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	al) procedu	ares, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [		a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was an	swered yes, compl	lete the following quest	ions.	If the previou	is questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		opportunity to surv	ive?			us giver Yes [	n the best opportuni  No	ty to survive?		
			regnant woman had a co					hat the pregnant woman had a condition		
that required the property woman?	rocedure to	avert death or ser	ious impairment to the	pregnant	that require woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant		
Date last normal me	nses began	l	Physic	cian estimate	e of gestation (i	in weeks	s) Post fe	ertilization age of the fetus (in weeks)		
How was 4.		3/2017	n ago dotom-i 10		21			19		
How were the gestat	tional age a	and post fertilization	on age determined?							
Full name of physic	ian perform	ning termination								
DR. CAITLIN BER		criminauon								
Address of physician 8590 GEORGETO			mber and street, city, st	ate, and zip	code)					
JUJU GLUNGETU	TH ROAL	, INDIANAFUL								
**Date Reported	to DCS, i	f Patient under 1	6 (month, day, year): _					_		
_								_		
DATE RECEIVE	בו זם עב	ובונים (month, day,	year):					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address SIDNEY AND LOIS ESKENAZI HOSPITAL	- 720 ESKENAZI AVE, INDIANAPOLIS,	City or 1	ncy termin		Co	County of pregnancy termination  MARION				
Patient's age** Married 27		ancy termination	Educa	tion	Hig	gh School D	Diploma or GEI	)		
Race American Indian or Alaska Na Native Hawaiian or Other Pac	cific Islander	☐ Black or Afric	an American	☐ Unkno	own		or Latino anic or Latino	☐ Unknown		
Live Births:	er now living 4			Number			0			
Other Terminations.	er of spontaneous terminations 1			Number	of induc	ced termination	ons O			
Dates of terminations (Do not incl. 2017	Ť	han six (6), those m	ost recent.)		_					
1	yes, length of time fetus survivo	ed:	4		5	Complicatio	n(s) of Pregnancy	Termination		
☐ Yes ■ No	, , ,				■ No	one	☐ Uterin	e Perforation		
					П Не	emorrhage	☐ Cervic	al Laceration		
Fetus viable? If v	viable, medical reason for term	ination:				fection	_	ed Products		
							Ketani	ed Floddets		
Pathological examination If yes, results:										
performed?										
■ Yes □ No PR	RODUCTS OF CONCEPTION	IN		Did this termination of pregnancy result in a maternal death?  Yes No						
				<u>-</u>						
Type of Termination Procedures										
Procedure that Terminated Pregna	ancy		Additional Pr	ocedure th	nat Term	inated Pregna	ancy			
☐ Medical (Nonsurgical) Mife	pristone		☐ Medical	(Nonsurgi	ical) Mi	fepristone				
☐ Medical (Nonsurgical) Miso	pprostol		☐ Medical	(Nonsurgi	ical) Mi	soprostol				
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
	<u> </u>									
■ Medical (Surgical) Suction ( □ Medical (Surgical) Menstrua	al Aspiration			(Surgical)	Menstr	n Curettage wal Aspiratio	n			
Medical (Surgical) Other (Sp.	pecify)		☐ Medical	(Surgical)	Other (	(Specify)				
For Medical (Surgical) procedures	s, answer the following questio	on.	For Medical (	Surgical) p	procedu	res, answer th	ne following ques	tion.		
Was the fetus viable or have a po ☐ Yes ■ No	oost fertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answ	vered yes, complete the following	ng questions.	If the previou	s question	was ans	swered yes, c	omplete the follo	wing questions.		
Was the fetus given the best opp ☐ Yes ☐ No	portunity to survive?			us given th		pportunity to	survive?			
What was the basis for determin								an had a condition		
that required the procedure to av woman?	vert death or serious impairmen	it to the pregnant	that require woman?	d the proce	edure to	avert death o	r serious impairn	nent to the pregnant		
Date last normal menses began		Physician estimate	e of gestation (i	n weeks)		Post fertiliz	zation age of the	fetus (in weeks)		
01/16/20			17				15			
How were the gestational age and <b>ULTRASOUND</b>	I post fertilization age determine	ed?								
L										
Full name of physician performing	g termination									
DR. CAITLIN BERNARD	termination (www.h.m. 1	t aits atat = " 1 ·	anda)							
Address of physician performing 8590 GEORGETOWN ROAD, I	,	, сну, ѕыге, апа zip	coue)							
**Date Reported to DCS, if P	•									
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addresidney and Lois Eskenazi	City or tov	r town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION				
34	arried □ Yes ■ No	Date of pregnancy term 05/22/20		Educa	tion			llege, No Degree		
Race American Indian or A		= =	k or African	American				nic or Latino		
Native Hawaiian or C Live Births:	Other Pacific Islander  Number now living	White Othe	er			known er now d		lispanic or Latino  0	■ Unknown	
Other Terminations:	Number of spontaneou	us terminations			Numb	er of indu	aced termin			
Dates of terminations (D	   Do not include this termin	nation. If more than six (6	), those most	t recent.)				U		
Fetus delivered alive?	T	me fetus survived:	4			5		ation(s) of Pregnanc		
Yes No	if yes, length of th	me ietus suivivea.				■ N	•	_	e Perforation	
						_ _ I	Iemorrhage	— e ☐ Cervio	cal Laceration	
Fetus viable?  Yes No	If viable, medical	reason for termination:				I	nfection	— Retain	ned Products	
			Other (Spec	ify)						
Pathological examination	n If yes, results:									
performed?  Yes No				Did this	terminatio	on of pregnancy resul	It in a maternal death?			
				☐ Yes	■ No					
		_	c							
D 1 2 2 2	1.0	Туро		tion Procedu		.1 . =	=			
Procedure that Terminate	•			Additional Pr						
Medical (Nonsurgic	cal) Misoprostol			Medical	(Nonsu	rgical) N	lifepristone lisoprostol			
Medical (Nonsurgic	cal) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
					/G :	1) 0				
	Menstrual Aspiration			Medical	(Surgic	al) Mens	on Curettag	ge ation		
Medical (Surgical)	Other (Specify)			Medical	(Surgic	al) Other	(Specify)			
For Modical (C. 1.1)		llowing coti-	;	For M = 3' 1	(C	1) 1		on the fall!		
For Medical (Surgical) p		• .	[ ]	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization No	age at least 20 weeks?			us viable Yes		a post terti	mzauon age at least i	20 weeks?	
If the previous question	was answered yes, comp	lete the following question	ons.	If the previou	ıs questi	on was a	nswered ye	s, complete the follo	wing questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	vive?					opportunity	y to survive?		
		ragnant woman h - 1 -	dition	_	Yes [	_	minotio- 1	eat the areament	an had a comdition	
that required the proceed		regnant woman had a corrious impairment to the pro-		that require				at the pregnant won th or serious impairn		
woman?				woman?						
Date last normal menses	began	Physici	an estimate o	of gestation (i	in weeks	;)	Post fer	tilization age of the	fetus (in weeks)	
	03/05/2018			10		-		8	. ′	
How were the gestational ULTRASOUND	a age and post fertilization	on age determined?								
Full name of physician p	-									
Address of physician per		umber and street, city, sta	te, and zip co	ode)						
8590 GEORGETOWN	ROAD, INDIANAPOL	IS, IN 46268								
**Date Reported to D	OCS, if Patient under 1	16 (month, day, year):								
DATE RECEIVED I								_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	•	y or town, of pregnancy termination Con INDIANAPOLIS						y termination RION
22	arried No	Date of pregnancy termi <b>05/22/201</b>		Educa	tion			lege, No C	Degree	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian ☐ Black White ☐ Other	c or African Ame	erican	Unk		Not H	nic or Latino ispanic or L		Unknown
Live Births:	Number now living	0				er now d		0		
Other Terminations:	Number of spontaneous	s terminations 0			Numbe	er of indu	aced termin	ations 0		
Dates of terminations (Dates)		*								
Fetus delivered alive?  Yes No	If yes, length of tin		4			■ N	Complica None	tion(s) of P	regnancy Uterine	Termination Perforation
Fetus viable?  Yes No		_ I	Iemorrhage nfection Other (Speci			ed Products				
Pathological examination performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No									in a maternal death?	
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)										
Medical (Surgical)  Medical (Surgical)  Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	d) Mens	on Curettag trual Aspira (Specify)	e ation		
For Medical (Surgical) p	rocedures, answer the following	lowing question.	For M	ledical (	(Surgical	l) proced	ures, answe	r the follow	ing quest	ion.
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?	Was		us viable Yes 🔲		a post ferti	lization age	at least 2	0 weeks?
If the previous question v	-			•	•		•	•		ving questions.
Was the fetus given the  ☐ Yes ☐ N	best opportunity to survi Io	ve?	was		us given Yes $\square$		opportunity	to survive?		
	determination that the produce to avert death or series		egnant that							an had a condition ent to the pregnant
Date last normal menses	began	Physicia	n estimate of ges	tation (i	n weeks)	)	Post fer	ilization ag	e of the fe	etus (in weeks)
	UNKNOWN	a ogo detama" 10	1	0					8	
How were the gestational ULTRASOUND	ı age and post fertilizatioi	i age determined?								
Full name of physician p	_									
Address of physician per 8590 GEORGETOWN	-		e, and zip code)							
**Date Reported to D	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					r town, of pregna	ancy teri		County of pregnancy termination MARION				
Patient's age**			Date of pregnancy t	arminati	Educa	ntion						
28	Married Yes	■ No	05/22		Educa	шоп	Bach	nelor's Degree				
Race American Indiar Native Hawaiiar Live Births:		c Islander		Black or Afri Other	ican American			y anic or Latino Hispanic or Latino				
Other Termination	Number o	of spontaneo	us terminations 0			Numb	per of induced termi	nations 0				
Dates of termination			ation. If more than si									
Fetus delivered alive	e? If yes		me fetus survived:		4		Complie	cation(s) of Pregnancy Termination  Uterine Perforation				
							☐ Hemorrhag	te Cervical Laceration				
Fetus viable?	Fetus viable? If viable, medical reason for termination:  ☐ Yes ■ No							☐ Retained Products				
	Lies E No											
Pathological examin	nation If ves	, results:			Other (Spec	ugy)						
performed?								<del></del>				
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			Т	Type of Term	nination Procedu	res						
Procedure that Term	ninated Pregnanc	y			Additional P	rocedure	e that Terminated Pr	regnancy				
☐ Medical (Nonst	urgical) Mifepris	ostol				(Nonsu	argical) Mifepriston argical) Misoprosto	1				
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)												
	cal) Suction Cur						cal) Suction Curetta					
	cal) Menstrual A						eal) Menstrual Aspi eal) Other (Specify)					
For Medical (Surgic	al) procedures, a	nswer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.				
	le or have a post		age at least 20 weeks	?	Was the fet	etus viable or have a post fertilization age at least 20 weeks?  Yes No						
		d ves comp	lete the following que	estions		_	_	es, complete the following questions.				
Was the fetus give	n the best opport	, 1	2 1	ostrons.	Was the fet	•	n the best opportuni					
	_	a .a		41.1		_	_	1.4				
			regnant woman had a ious impairment to th					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
D. I.			1				,					
Date last normal me	nses began UNKNOWI	N	Phy	sıcıan estima	ate of gestation (	ın week:	s) Post fe	ertilization age of the fetus (in weeks)  5				
How were the gestat	How were the gestational age and post fertilization age determined?  ULTRASOUND											
Full name of physician performing termination  DR. CAITLIN BERNARD												
_		mination (nu	mber and street, city,	state, and zi	ip code)							
8590 GEORGETO			•									
**Date Reported	to DCS, if Pati	ent under	16 (month, day, year)	:				_				
_	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION			
Patient's age** 28	Married Yes No	Date of pregnancy term <b>05/22/20</b> 1		Educa	tion		elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 1			
	ns (Do not include this termin	ation. If more than six (6,	), those mo	ost recent.)						
1. UNKNOWN	2	3		1		5	eation(s) of Pregnancy Termination			
Fetus delivered alive	, ,	me fetus survived:				_	_			
						■ None ☐ Uterine Perforation				
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No		☐ Infection ☐ Retained Products							
Other (Specify)										
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
	I				l					
		Туре	of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu: (Nonsu:	rgical) Misoprostol rgical) Other (Spec	ify)			
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgi	cai) Other ( <i>Specify</i> )			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.			_	-	er the following question.			
	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?			
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	the best opportunit	ry to survive?			
	s for determination that the p	rognant woman had a gan	dition	_	_		hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
Data lost no1	ances heren	DL' '	n activ	of gostation (	m 1/: a -1	D4 C	etilization ago of the fature (i.e.,			
Date last normal me	03/09/2018	Physicia	ııı esumate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  8			
	tional age and post fertilization	on age determined?				<b>,</b>				
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER	DR. CAITLIN BERNARD									
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip	code)						
2000 320.00210	OL									
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-			
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

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Facility Name and Add	racc		City or	town, of pregna	ncy tern	mination		County of	pregnanc	y termination
PPIN-GEORGETOWN OR (PP	GI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 462	268	INDIAN	•			County of		RION
Patient's age**		Date of pregnancy	termination	Educa	tion					
21	Iarried ☐ Yes ■ No		/2018	Educa	tion			Unknown		
Race American Indian or Native Hawaiian or	Other Pacific Islander	= =	Black or Afric	can American		known	☐ Not 1	y anic or Latin Hispanic or I		Unknown
Live Births:	Number now living	0				er now d		0		
Other Terminations:	Number of spontaneou	0			Numb	er of indu	uced termi	nations 0		
Dates of terminations (A	Do not include this termin	ation. If more than si	ix (6), those m	ost recent.)  4		5			6	
Fetus delivered alive?	, ,	me fetus survived:					Compli	cation(s) of I	Pregnancy	Termination
☐ Yes ■ No						■ N	None		Uterin	e Perforation
Fetus viable?	If viable, medical	reason for termination	on:			□ F	Hemorrhag	ge 🗆	Cervic	al Laceration
☐ Yes ■ No	· · · · · · · · · · · · · · · · · · ·					☐ I	nfection		Retain	ed Products
☐ Other (Specify)										
Pathological examination performed?	on If yes, results:									
Yes No						Did this			ncy resul	t in a maternal death?
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgi							lifepristor			
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi	ical) Misoprostol ical) Other (Specify)						Iisoprosto Other ( <i>Spec</i>			
	Suction Curettage Menstrual Aspiration Other (Specify)			☐ Medical	(Surgica	al) Mens	on Curetta strual Aspi (Specify)	ration		
For Medical (Surgical)	procedures, answer the fo	llowing question.		For Medical	Surgica	ıl) proced	ures, ansv	ver the follow	wing ques	_ tion.
-	r have a post fertilization		s?		us viable			tilization age	• 1	
If the previous question	was answered yes, comp	lete the following que	estions.	If the previou	s questi	on was a	nswered y	es, complete	the follo	wing questions.
Was the fetus given th ☐ Yes ☐	ne best opportunity to surv No	vive?			us given Yes 🗀		opportuni	ty to survive	?	
	or determination that the p									an had a condition
that required the proce woman?	edure to avert death or ser	ious impairment to tr	ne pregnant	woman?	d the pro	ocedure t	o avert de	ath or seriou	s impairn	ent to the pregnant
Date last normal mense	s began 03/30/2018	Phy	sician estima	te of gestation (i	n weeks	;)	Post fe	ertilization a	ge of the f	etus (in weeks)
How were the gestation ULTRASOUND	al age and post fertilization	on age determined?					·			
Full name of physician <b>DR. CAITLIN BERNA</b>	RD									
1 7 1	erforming termination (null ROAD, INDIANAPOL		state, and zip	o code)					_	
	· · · · · · · · · · · · · · · · · · ·									
**Date Reported to	DCS, if Patient under 1	16 (month, day, vear)	):							

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Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•		County of pregnancy termination MARION			
				Γ_						
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term <b>05/22/20</b> <sup>2</sup>		Educa	tion		ol Diploma or GED			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneous:	us terminations			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	ation. If more than six (6)	), those mo	ost recent.)						
Fetus delivered alive	e? If we length of ti	me fetus survived:		4		5	cation(s) of Pregnancy Termination			
Yes •	, ,	me retus sur vivea.				■ None	Uterine Perforation			
Fetus viable?	If viable, medical		Hemorrhage Cervical Laceration							
☐ Yes ■	NO					☐ Infection ☐ Retained Products				
D.d. 1 . 1	. TC 1.					Other (Spec	ify)			
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No		Did this termination of pregnancy result in a maternal death?  Yes No							
	1					<del>-</del>				
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgi	cai) Other ( <i>Specify</i> )			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.				_	er the following question.			
Was the fetus viab ☐ Yes	ole or have a post fertilization ☐ No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?			
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition			
	rocedure to avert death or ser						ath or serious impairment to the pregnant			
woman !				woman !						
Date last normal me	enses began	Physicia	ın estimate	e of gestation (i	n week	s) Post fe	rtilization age of the fetus (in weeks)			
	03/20/2018			9		, Tost IC	7			
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?								
JEINAGOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER	NARD									
	n performing termination (nu WN ROAD, INDIANAPOL	•	e, and zip	code)						
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

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	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268							r town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination  MARION		
Patient's age** M	Iarriec	l Yes • No	Date of pregi	nancy term <b>05/22/20</b>		Educa	ition		Rach	elor's Degree			
Race American Indian or	Alask	a Native	Asian	Blac	k or Afric	an American			Ethnicity  Hispa	nic or Latino			
☐ Native Hawaiian or Live Births:		mber now living	■ White	Othe	er			nknown ber now d		lispanic or Latino	Unknown		
Other Terminations:	Nu	ımber of spontaneou	ons terminations	3			Numl	ber of indu	uced termin				
Dates of terminations (L	Do not	include this termin	ation. If more	than six (6	), those me	ost recent.)				0			
1. UNKNOWN	2.		3			4		5					
Fetus delivered alive?  Yes No		If yes, length of ti	me fetus survi	ved:			y Termination						
100 110						■ None							
Fetus viable?		If viable, medical	reason for term	nination:				- I	Hemorrhage	e 🗌 Cervi	cal Laceration		
☐ Yes ■ No								☐ Infection ☐ Retained Products					
									☐ Other (Specify)				
Pathological examinatio performed?	on	If yes, results:											
Yes No									Did this termination of pregnancy result in a maternal death?				
								☐ Yes	s 🔳 No	)			
				Tune	of Termi	nation Procedu	res						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy													
										•			
Medical (Nonsurgio     Medical (Nonsurgio	cal) N	Misoprostol					(Nonst	irgical) M	lifepristone lisoprostol				
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)													
Medical (Surgical) Medical (Surgical)						☐ Medical ☐ Medical	(Surgio	cal) Suctional) Mens	on Curettag strual Aspir	ge ration			
Medical (Surgical)						☐ Medical	(Surgio	cal) Other	(Specify)				
For Medical (Surgical) p	proced	lures, answer the fo	llowing questi	on.		For Medical	(Surgic	al) proced	ures, answ	er the following que	stion.		
Was the fetus viable of Yes 1		a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	was a	nswered yes, compl	lete the follow	ing questic	ons.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ I		opportunity to surv	vive?				us give Yes [		opportunit	y to survive?			
What was the basis for		mination that the n	regnant woma	n had a cor	ndition				mination th	nat the pregnant won	nan had a condition		
that required the proce woman?											ment to the pregnant		
woman:						woman:							
Date last normal menses	s bega	n		Physicis	an estimate	e of gestation (	in week	s)	Post fee	rtilization age of the	fetus (in weeks)		
	04/0	1/2018				5		*		3	,,		
How were the gestational	al age	and post fertilization	on age determin	ned?									
Full name of physician p	_	ming termination											
DR. CAITLIN BERNAL	Address of physician performing termination (number and street, city, state, and zip code)												
8590 GEORGETOWN		-		ı, cuy, sıa	ге, ини хір	coue)							
dul D	0.65	100											
**Date Reported to I			•							-			
DATE RECEIVED	BY I	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		S - 8590 GEORGETOWN ROAD	), INDIANAPOLIS, IN, 4	46268 City		or town, of pregnancy termination INDIANAPOLIS				cy termination	
Patient's age** 38	Mai	ried No	Date of pregnance	cy termination 22/2018	Educa	ation	Hig	jh School	Diploma or GE	D	
Race American Indian				=	frican American	_		Ethnicity Hispanio		_	
Live Births:	or O	ther Pacific Islander Number now living		Other		Unknown Number			panic or Latino	Unknown	
Other Termination	ıs:	Number of spontaneou	s terminations			Number	of induc	ed terminat			
Dates of termination	is (Do	not include this termine			,				1		
		2111			4				on(s) of Pregnance	ry Termination	
Fetus delivered alive		If yes, length of tir	ne tetus survivea:				■ No	•	_	ne Perforation	
						Hemorrhage Cervical Laceration					
Fetus viable?  Yes	No	If viable, medical	reason for termina	tion:		☐ Infection ☐ Retained Products					
					☐ Other (Specify)						
Pathological examin	If yes, results:		- Outer (speegy)								
performed?  Yes	No					$\frac{1}{D}$	Did this to	ermination (	of pregnancy resu	alt in a maternal death?	
							Yes	■ No	1 . 3		
				Tues of T	mination D 1	uras.					
Procedure that Term	inoto	1 Pregnancy		Type of Ter	Mination Procedu Additional P		nat Tarm	ingted Proc	nancy		
						(Nonsurgi		Ü	iancy		
☐ Medical (Nonsu	urgica				☐ Medical	(Nonsurgi	cal) Mis	soprostol			
Medical (Nonsc	☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
■ Medical (Surgical) Suction Curettage											
	cal) N	Ienstrual Aspiration			☐ Medical		Menstr	ual Aspirati	on		
- Wedlear (Burgh	cui) C	valier (Speegy)			Wiedlean	(Surgicur)	outer (	<i>Бресцу)</i>			
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing question.		For Medical	(Surgical) t	procedui	res, answer t	he following que	 estion.	
		have a post fertilization		eks?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [						was the fetus viable of nave a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion w	as answered yes, compl	ete the following o	questions.	If the previous	us question	was ans	swered yes,	complete the follo	owing questions.	
Was the fetus gives ☐ Yes ☐		best opportunity to surv	ive?			tus given th Yes 🔲 1		pportunity to	o survive?		
		etermination that the pr								nan had a condition	
that required the pro- woman?	roced	ire to avert death or seri	ous impairment to	the pregnant	that require woman?	ed the proce	edure to	avert death	or serious impair	ment to the pregnant	
Date last normal me		egan INKNOWN	P	hysician estin	nate of gestation (	in weeks)		Post fertil	ization age of the	fetus (in weeks)	
How were the gestat		age and post fertilizatio	n age determined?	?	13						
ULTRASOUND											
Full name of physici	ian ne	rforming termination									
Full name of physician performing termination  DR. CAITLIN BERNARD											
	-	orming termination (nun		ity, state, and	zip code)						
		20.100									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	NAPOLIS, IN, 46268	City or to	wn, of pregna	-		County of pregnancy termination  MARION					
Dationt's**		P :	of program '	inotio-	Educa	tion					
Patient's age** 21	Married ☐ Yes ■	No Date	of pregnancy term 05/22/201		Educa	uon	Some C	ollege, No Degree			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islar Number now li				n American			y anic or Latino Hispanic or Latino			
Other Termination	Number of spor	ntaneous term	inations 0			Numb	per of induced term	inations 0			
Dates of termination	ns (Do not include this	,	If more than six (6,		st recent.)						
I	1	th of time fetu	3	4.		5 6 Complication(s) of Pregnancy Termination					
Fetus delivered alive		in of time lett	is survived:				■ None Uterine Perforation				
							☐ Hemorrhag	<u> </u>			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·							<u> </u>			
Yes 🖭	☐ Yes ■ No							Retained Products			
B.1.1.1.1.				Other (Spe	cify)						
Pathological examination performed?  If yes, results:											
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	L							•			
			Туре	of Termina	ation Procedur	res					
Procedure that Term	inated Pregnancy				Additional Pr	ocedure	e that Terminated P	regnancy			
	urgical) Mifepristone						rgical) Mifepristor				
	urgical) Misoprostol urgical) Other (Specify	<i>י</i> )					rgical) Misoprosto rgical) Other (Spec				
Medical (Surgional Control of the Control of t	cal) Suction Curettage				Medical	(Surgic	al) Suction Curetta	nge			
☐ Medical (Surgio	cal) Menstrual Aspira cal) Other (Specify)				☐ Medical	(Surgic	al) Menstrual Aspa al) Other (Specify)	iration			
iviedicai (Surgio	cai) Other ( <i>specify</i> )				Wedicai	(Surgic	ai) Other (specify)				
	al) procedures, answer						•	wer the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertili  No	zation age at	least 20 weeks?			fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was answered yes	complete the	following questio	ns.	If the previou	s questi	ion was answered y	res, complete the following questions.			
Was the fetus give	n the best opportunity	to survive?			Was the feti	us giver	n the best opportuni	ity to survive?			
☐ Yes [						Yes [		•			
	s for determination that rocedure to avert death							that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	roccdure to avert death	or serious in	ipaniment to the pr	Cgnant	woman?	a the pr	occurre to avert de	un or serious impurment to the pregnant			
Date last normal me			Physicia	n estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	03/20/2018 tional age and post fert	ilization age o	determined?		9			7			
ULTRASOUND											
Full name of physician performing termination  DR. CAITLIN BERNARD											
_	n performing terminati	on (number a	nd street, city, stat	e, and zip c	rode)						
8590 GEORGETO	WN ROAD, INDIAN	APOLIS, IN	46268								
wwD . D	POG 'CP '	1 46									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	ED BY ISDH (monti	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age**  22										
Race American Indian or Alaska Native Asian Native Huspanic or Latino Other Pacific Islander White Other Unknown  Live Births: Number now living Other Toyminations  Number of spontaneous terminations  Number of induced terminations  Ethnicity Hispanic or Latino Unknown Number now deceased Other Toyminations  Number of induced terminations										
Live Births:  Number now living  O  Number now deceased  Number of induced terminations  Number of induced terminations										
Other Terminations: Number of spontaneous terminations Number of induced terminations										
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)										
1										
Fetus delivered alive? If yes, length of time fetus survived: Complication(s) of Pregnancy Termination  Yes No										
■ None Uterine Perforation										
Fetus viable?										
Yes ■ No ☐ Infection ☐ Retained Products										
☐ Other (Specify)										
Pathological examination If yes, results:										
performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal death ☐ Yes ■ No										
☐ Tes ■ NO										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol										
Medical (Nonsurgical) Other (Specify)  Medical (Nonsurgical) Other (Specify)										
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage	_									
☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)										
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.										
Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No										
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.										
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No  Was the fetus given the best opportunity to survive? ☐ Yes ☐ No										
What was the basis for determination that the pregnant woman had a condition  What was the basis for determination that the pregnant woman had a condition  What was the basis for determination that the pregnant woman had a condition										
that required the procedure to avert death or serious impairment to the pregnant woman? that required the procedure to avert death or serious impairment to the pregnan woman?	at									
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)										
03/28/2018   8   6     How were the gestational age and post fertilization age determined?										
ULTRASOUND										
Full name of physician performing termination  DR. CAITLIN BERNARD										
Address of physician performing termination (number and street, city, state, and zip code)										
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	cy termination  AKE					
Patient's age**	Marrie	d	Date of pregnancy tern	nination	Educa	tion					
42		Yes No	05/16/20	18				ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		can American	Unknown	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	3 us terminations			Number of in		0 inations			
Other Termination	15.		2 ation. If more than six (6	i) those m	ost recent )	Trumour or m		1			
1. UNKNOWN		UNKNOWN	3. UNKNOWN		4	5.		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					•	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration				
Yes •	No	ii viable, inculcar	reason for termination.				☐ Infection ☐ Retained Products				
				Other (Specify)							
Pathological examination If yes, results:											
performed?	No					Did tl	nis terminati	on of pregnancy resu	lt in a maternal death?		
						Did this termination of pregnancy result in a maternal death?  Yes No					
			Туро	e of Termi	nation Procedu	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
Medical (Nonsu						(Nonsurgical)					
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suc	ction Curetta	nge			
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi	iration			
- Medicai (Saigh	cur) Gur	a (specify)			Medical	(Burgicur) On	ioi (specify)				
	1)	1				(G : 1)	1		<del></del>		
For Medical (Surgic	_							ver the following que			
Was the fetus viab  Yes		e a post fertilization	age at least 20 weeks?			us viable or ha Yes 🔲 No	ve a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	is question was	answered y	res, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fet	us given the be	st opportuni	ity to survive?			
☐ Yes [		,				Yes No	**				
			regnant woman had a conious impairment to the p					that the pregnant won			
woman?	rocedure	to avert death of sen	tous impairment to the p	regnam	woman?	d the procedure	to avert de	atii or serious iiipairi	ment to the pregnant		
					1						
Date last normal me	_		Physici	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		16/2018 e and post fertilization	on age determined?		9			7			
ULTRASOUND		<u> </u>									
Full name of physician performing termination  DR. SARAH JULIA TURNER											
			mber and street, city, sta	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOLI	IS, IN 46268								
		100									
-			6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or tow	vn, of pregna	•		County of pregnancy termination MARION		
la de la companya de	T		•	T = 2	.•				
Patient's age** 40	Married ☐ Yes ■ No	Date of pregnancy term 05/16/20		Educa	tion		ol Diploma or GED		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ■ Othe	k or African er	American	Unk		nnic or Latino Hispanic or Latino  Unknown		
Live Births:	Number of sportage	4			Numbe	er of induced termi	0 nations		
Other Termination	as (Do not include this termin	0	1 4 2 2 2 2 2 2 2 2		rumo	or or madeca terms	1		
1. UNKNOWN	2	3				5	6		
Fetus delivered alive		ime fetus survived:				Complic	eation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
Fetus viable?	TC : 11 1: 1:	6				☐ Hemorrhag	e Cervical Laceration		
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination:		☐ Infection ☐ Retained Products					
			☐ Other (Specify)						
Pathological examir	nation If yes, results:					cana (spec	<i>377</i>		
performed?	·					51111			
☐ Yes ■	No					☐ Yes ■ N	on of pregnancy result in a maternal death?		
Г									
		Туре	of Terminat	tion Procedur	es				
Procedure that Term	ninated Pregnancy		A	Additional Pr	ocedure	that Terminated Pr	regnancy		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone									
	urgical) Misoprostol urgical) Other (Specify)			<ul><li>Medical</li><li>Medical</li></ul>	(Nonsur (Nonsur	gical) Misoprostol gical) Other (Spec	ify)		
■ Medical (Surgical) Suction Curettage									
☐ Medical (Surgi	cal) Menstrual Aspiration			Medical	(Surgica	d) Menstrual Aspi	ration		
Medical (Surgi	cal) Other (Specify)			Medical	(Surgica	d) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	F	For Medical (	Surgical	l) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?			us viable Yes 🗀		ilization age at least 20 weeks?		
If the previous ques	tion was answered yes, comp	olete the following question	ons. I	f the previou	s questic	on was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur  No	vive?			us given Yes	the best opportunit	y to survive?		
What was the basi	s for determination that the p	areonant woman had a cor	ndition	What was th	ne hasis	for determination t	hat the pregnant woman had a condition		
	procedure to avert death or se						th or serious impairment to the pregnant		
woman?				woman?					
Detail		1 50		£			williania and Calabara Calabara		
Date last normal me	o3/13/2018	Physicia	an estimate o	f gestation (i	n weeks,	Post fe	rtilization age of the fetus (in weeks)  8		
How were the gesta	tional age and post fertilizati	on age determined?				l			
ULTRASOUND									
THE COLUMN									
Full name of physician performing termination  DR. SARAH JULIA TURNER									
	n performing termination (na		te, and zip co	ode)					
8590 GEORGETO	WN ROAD, INDIANAPOL	.IS, IN 46268							
**Data Dan 1	to DCS if Dations and	16 (month 1							
-	to DCS, if Patient under						-		
DATE RECEIVI	ED BY ISDH (month, day,	year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,	City or	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
			D		T = :						
Patient's age** 19	Marrie	d Yes • No	Date of pregnancy term 05/16/20		Educat	ion		th, No Diploma			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ Blac ☐ White ■ Othe		an American	Unknown	☐ Not	y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living	0			Number now	deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations 0			Number of in	duced term	nations 0			
Dates of termination			ation. If more than six (6		ŕ	_					
Fetus delivered alive		I	me fetus survived:		4	5	Complication(s) of Pregnancy Termination				
Yes •		ir yes, rengar or a	10100 501 117 001				None	Uterine Perforation			
							Hemorrhag	_			
Fetus viable?  Yes	No	If viable, medical	reason for termination:								
i res	NO			☐ Infection ☐ Retained Products							
Data : 1		TC 1		Other (Specify)							
Pathological examin performed?	iation	If yes, results:									
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death?  Yes No						
			Туре	of Termi	nation Procedur	es					
Procedure that Term	ninated P	regnancy			Additional Pro	ocedure that To	erminated P	regnancy			
Medical (Nons						(Nonsurgical)					
☐ Medical (Nonsi						(Nonsurgical) (Nonsurgical)					
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgion	cal) Mer	nstrual Aspiration			☐ Medical (	(Surgical) Me	nstrual Aspi	ration			
Medical (Surgio	cai) Oth	er ( <i>Specify</i> )			Medical (	(Surgical) Oth	er ( <i>specify)</i>				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) proce	edures, ansv	wer the following question.			
Was the fetus viab		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previous	s question was	answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the be	st opportuni	ty to survive?			
		ermination that the n	regnant woman had a con	ndition	_	_	ermination t	hat the pregnant woman had a condition			
that required the p			ious impairment to the pr		that required			ath or serious impairment to the pregnant			
woman?					woman?						
Date last normal me	nses hea	an	Physicis	an estimat	e of gestation (in	n weeks)	Post fa	ertilization age of the fetus (in weeks)			
	02/	19/2018		osumav	13	· weeks)	1 051 10	11			
How were the gestar	tional ag	e and post fertilization	on age determined?								
SEINAGOUND											
Full name of physic	ian perfo	rming termination									
DR. SARAH JULIA	A TURN	ER									
Address of physicia: 8590 GEORGETO	•		mber and street, city, stat IS, IN 46268	te, and zip	coae)						
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410				town, of pregna	cy termination  AKE						
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion						
19		Yes • No	05/16/20					ollege, No Degree				
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	□ Unknown			
Live Births:	Ni	umber of spontaneou	0 s terminations			Number of in		0 inations				
Other Termination	15.		ation. If more than six (6	) those m	ost recent )	Trumour or m		0				
1	2		3			5		6				
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No					■	None	☐ Uterir	e Perforation			
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration					
Yes Yes	No	ii viable, inedicai	teason for termination.				☐ Infection ☐ Retained Products					
							☐ Other (Specify)					
Pathological examination												
performed?	No					Did this termination of pregnancy result in a maternal death?						
	110								it in a maternal deam?			
									1			
			Туре	of Termi	nation Procedur	res						
Procedure that Terminated Pregnancy Additional Pro							rminated P	regnancy				
☐ Medical (Nonsurgical) Mifepristone						(Nonsurgical)						
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
■ Medical (Surgical) Suction Curettage												
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Mei	nstrual Aspi	iration				
☐ Medical (Surgio	car) Our	н (зресцу)			Medicai	(Surgical) Oth	er (specify)					
									_			
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following que	stion.			
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	able or have a post fertilization age at least 20 weeks?					
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	is question was	uestion was answered yes, complete the following questions.					
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the feti	us given the bes	st opportuni	tv to survive?				
☐ Yes [		, , , , , , , , , , , , , , , , , , , ,				Yes No		,				
			egnant woman had a con ous impairment to the pr					that the pregnant won				
woman?	ocedure	to avert death of sen	ous impairment to the pr	egnam	woman?	d the procedure	to avert de	atii or serious impairi	ment to the pregnant			
					<u> </u>							
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		27/2018 e and post fertilization	n age determined?		6			4				
ULTRASOUND												
Full name of physics												
			nber and street, city, stat	te, and zip	code)							
8590 GEORGETO	-	-	•									
		100										
-			6 (month, day, year):					_				
DATE RECEIVE	ED BY I	SDH (month, day,	year):05/23/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410				own, of pregna	County of pregnancy termination LAKE					
	T									
Patient's age** 21	Married Yes No	Date of pregnancy term <b>05/16/20</b> 1		Educa	tion		ociate Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un	Ethnicity Hispa	nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	*		ost recent.)			•			
Fetus delivered alive	1	me fetus survived:		4		5	cation(s) of Pregnancy Termination			
Yes •	, ,	me ietus surviveu.				■ None	Uterine Perforation			
Fetus viable?  If viable, medical reason for termination:						☐ Hemorrhag	_			
☐ Yes ■ No						☐ Infection ☐ Retained Products				
Deth-1-si-sl-ss-ssi	IG 14					Other (Spec	ify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■ No						Did this termination  ☐ Yes  ■ No	on of pregnancy result in a maternal death?			
	1					<del>-</del>				
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
ivicultar (Surgi	car) Onici (specijy)			Wiedlear	(Surgic	an) Outer (speetgy)				
	1) 1 4 6	11		- M 1' 1	(C	1) 1	4 6 11 2			
	cal) procedures, answer the fo					_	er the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?				viable or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered yo	es, complete the following questions.			
	en the best opportunity to surv	vive?				the best opportunit	ey to survive?			
☐ Yes [				_	Yes [	_				
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
		1	<b>!</b>			, 1				
Date last normal me	enses began 02/15/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) <b>7</b>			
	tional age and post fertilization	on age determined?				1				
ULTRASOUND										
Full name of physic	ian performing termination						7			
DR. SARAH JULIA	A TURNER									
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip	code)						
JUJU GLUNGETU	NOAD, INDIANAFOL	, 114 -10200								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_			
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	City or town,		egnancy termination County of pregnancy terminati RRILLVILLE LAKE					
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			1				<u> </u>		
Patient's age** 30	Married Yes No	Date of pregnancy term		Educati		iah Saha	and Diploma or GED		
Race		05/16/20	18		п	Ethnicity			
☐ American Indian ☐ Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ☐ White ☐ Other	ck or African Ai er		Unknown	☐ Hisp	anic or Latino Hispanic or Latino		
Live Births:	Number now living	1	-		Number now d		0		
Other Termination	Number of spontaneo	us terminations			Number of indu	uced termi	-		
	ns (Do not include this termin	nation. If more than six (6	), those most re	cent.)					
I. UNKNOWN Fetus delivered alive	1	ime fetus survived:	4		5		cation(s) of Pregnancy Termination		
Yes Yes	, , ,	inie ietus sui viveu.				-	☐ Uterine Perforation		
				☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?		reason for termination:							
☐ Yes ■				nfection	Retained Products				
B. I. I. I. I.	70 1					Other (Specify)			
Pathological examin performed?	ation If yes, results:								
☐ Yes ■			Did this ☐ Yes		on of pregnancy result in a maternal death?				
	1				<u>, –                                     </u>				
		Туре	e of Termination	n Procedure	es				
Procedure that Term	ninated Pregnancy		Ade	ditional Pro	ocedure that Ter	minated P	regnancy		
	urgical) Mifepristone				Nonsurgical) M				
	urgical) Misoprostol urgical) Other (Specify)				Nonsurgical) M Nonsurgical) C				
■ Medical (Surgical) Suction Curettage							ge.		
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical (	Surgical) Mens Surgical) Other	strual Aspi	ration		
Medical (Surgio	cai) Other ( <i>specify</i> )			Medicai (	Surgical) Other	і (зресіју)			
Eor Madical (Surgice	eal) procedures, answer the fo	Mouring question		Madical (S	Euraigal) progad	luras anax	ver the following question.		
, ,		0 1							
Yes [	le or have a post fertilization  No	age at least 20 weeks?	, v	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	olete the following question	ons. If the	he previous	question was a	nswered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	W	as the fetus	s given the best	opportuni	ty to survive?		
	s for determination that the p	regnant woman had a cor	ndition W			mination t	hat the pregnant woman had a condition		
that required the pr	rocedure to avert death or se		regnant th	at required			ath or serious impairment to the pregnant		
woman?			l w	oman?					
Date last normal me	enses began	Physicia	an estimate of g	estation (in	weeks)	Post fe	ertilization age of the fetus (in weeks)		
	UNKNOWN			12			10		
How were the gestat  ULTRASOUND	tional age and post fertilizati	on age determined?							
	ian performing termination								
DR. SARAH JULIA	A TURNER  n performing termination (ni	unher and street situ star	te and zin and	.)					
= -	WN ROAD, INDIANAPOL		ы, ана дір сойе	,					
	D 00 13-								
_	to DCS, if Patient under						_		
DATE DECEIVE	ED RV ISDH (month day	vagr). U3/23/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres PLANNED PARENTHOOD OF ME MERRILLVILLE, IN, 46410	SS ERRILLVILLE - 8645 CONNECTICUT STREET,	City or	town, of pregna	ncy term		County of pregnancy termination <b>LAKE</b>			
Patient's age** Mar	rried Date of preg	nancy termination 05/09/2018	Educat	tion	Some Co	ollege, No Degree			
Race American Indian or A Native Hawaiian or O Live Births:	laska Native	☐ Black or Afri	can American	Unk Numbe	Ethnicity  Hispa				
Other Terminations:	Number of spontaneous termination			Numbe	er of induced termi	nations 0			
Dates of terminations (Do	not include this termination. If more	than six (6), those n	nost recent.)			0			
1	2		4		5	cation(s) of Pregnancy Termination			
Fetus delivered alive?  Yes No	If yes, length of time fetus survi	vea:			None	Uterine Perforation			
					_	_			
Fetus viable?	If viable, medical reason for terr	mination:			☐ Hemorrhag				
☐ Yes ■ No					☐ Infection	Retained Products			
					Other (Spec	cify)			
Pathological examination performed?	If yes, results:								
☐ Yes ■ No			Did this termination  Yes No.	on of pregnancy result in a maternal death?					
						0			
Type of Termination Procedures									
Procedure that Terminated	d Pregnancy	71			that Terminated Pr	regnancy			
Medical (Nonsurgica)					gical) Mifepriston				
<ul><li>Medical (Nonsurgical</li></ul>	l) Misoprostol		☐ Medical	(Nonsurg	gical) Misoprostol				
Medical (Nonsurgical) Other (Specify)  Medical (Nonsurgical) Other (Specify)									
☐ Medical (Surgical) S ☐ Medical (Surgical) N					<ol> <li>Suction Curetta</li> <li>Menstrual Aspi</li> </ol>				
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical	l) Other (Specify)				
For Medical (Surgical) pro	ocedures, answer the following questi	on.	For Medical (	Surgical	) procedures, answ	ver the following question.			
Was the fetus viable or h	nave a post fertilization age at least 20 o	) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question w	as answered yes, complete the follow	ing questions.	If the previou	s questio	n was answered yo	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			is given t	the best opportunit	ty to survive?			
that required the procedu	letermination that the pregnant woma ure to avert death or serious impairme		that required	ne basis f	For determination to cedure to avert dea	hat the pregnant woman had a condition at the pregnant woman to the pregnant			
woman?			woman?						
			1						
Date last normal menses b	pegan 03/07/2018	Physician estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)  6			
	age and post fertilization age determi	ned?				6			
ULTRASOUND									
Full name of physician pe DR. SARAH JULIA TUF	_								
Address of physician perfe	orming termination (number and stre	et, city, state, and zi	p code)						
8590 GEORGETOWN R	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DO	CS, if Patient under 16 (month, day	y, year):							
DATE RECEIVED B	Y ISDH (month, day, year): 05/23	3/2018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905				City or to	own, of pregna	ncy terr			County of pregnancy termination TIPPECANOE			
Patient's age**	Marri		Date of pregnancy term	nination	Educa	tion						
Race		Yes No	05/09/20	18				Bach Ethnicity	elor's Degree			
American Indian Native Hawaiian	or Oth		Asian Blace White Oth	ck or Africa er	n American		known er now d	☐ Hispa ■ Not H	nic or Latino Iispanic or Latino	o Unknown		
Live Births:		Tumber of spontaneou	1 as terminations			Numb	er of ind	uced termin	0 nations			
Other Termination  Dates of termination	15.		0 ation. If more than six (6	5), those mos	st recent.)				0			
1			3				5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					•	_	ancy Termination		
							■ N	None	☐ Ut	terine Perforation		
Fetus viable?		If viable, medical	reason for termination:				☐ F	Hemorrhage	e	ervical Laceration		
☐ Yes ■ No						☐ I	nfection	☐ Re	etained Products			
5.1.1.1.1		TC 1						Other (Spec	ify)			
Pathological examination performed?  If yes, results:												
☐ Yes ■ No							Did this			result in a maternal death?		
			Тур	e of Termin	ation Procedu	res						
Procedure that Terminated Pregnancy Additional Procedure							that Ter	minated Pr	egnancy			
Medical (Nonsu								lifepristone				
Medical (Nonsu Medical (Nonsu								Iisoprostol Other ( <i>Speci</i>				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage												
Medical (Surgio		nstrual Aspiration ner (Specify)						strual Aspir (Specify)	ation			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	Surgica	ıl) proced	ures, answ	er the following	question.		
Was the fetus viab. ☐ Yes [		ve a post fertilization	age at least 20 weeks?			us viabl Yes [	le or have a post fertilization age at least 20 weeks?					
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s questi	ion was a	nswered ye	es, complete the f	following questions.		
		st opportunity to surv	ive?					opportunit	y to survive?			
☐ Yes [		e e a la		11.1	_	Yes [	_			1 1 10		
that required the pr			regnant woman had a contous impairment to the p		that require					woman had a condition pairment to the pregnant		
woman?					woman?							
Date last normal me	nses he	van	Physici	an estimate	of gestation (i	n week	5)	Post for	rtilization age of	the fetus (in weeks)		
	03	/22/2018		commat	6	,veend	• /	1 031 101	anzadon age of	4		
How were the gestat  ULTRASOUND	ional ag	ge and post fertilization	n age determined?									
Full name of physician performing termination												
DR. SARAH JULIA Address of physician			mber and street, city, sta	te, and zin a	code)							
8590 GEORGETO	-		•	., Sip C	,							
**Date Reported	to DCS	S if Patient under 1	6 (month, day, year):									
_		ISDH (month, day,							-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905			City or to	own, of pregnancy termination  LAFAYETTE			County of pregnancy termination TIPPECANOE			
Patient's age**	Married	Date of pregnancy term	nination	Educa	tion					
31	Yes No	05/09/20					ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		n American	Unl	Ethnicity Hisp Known Not ler now deceased	anic or Latino Hispanic or Latino   Unknown			
Other Termination	Number of spontaneo	us terminations			Numbe	er of induced termi	nations 0			
	ns (Do not include this termin	0	), those mo	st recent.)			0			
1	2	3	4.	·		5	6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
				■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Specify)				
Pathological examination performed?										
☐ Yes ■	No					Did this terminati  Yes N	on of pregnancy result in a maternal death?			
				i i es 🗀 N	0					
		Туре	of Termin	ation Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated P	regnancy			
Medical (Nonsi		☐ Medical	(Nonsur	gical) Mifepriston	ne .					
	urgical) Misoprostol urgical) Other (Specify)			Medical Medical	(Nonsur (Nonsur	gical) Misoprosto gical) Other (Spec	ify)			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgica (Surgica	al) Menstrual Aspi al) Other (Specify)	ration			
	, (1 )			_	` ~	, (1 )),				
For Medical (Surgic	eal) procedures, answer the fo	llowing question		For Medical (	Surgica	1) procedures, answ	ver the following question.			
	le or have a post fertilization	• •				•				
	No	age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	on was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes	the best opportuni	ty to survive?			
	s for determination that the p	regnant woman had a cor	ndition	_	_	-	hat the pregnant woman had a condition			
	rocedure to avert death or ser						ath or serious impairment to the pregnant			
woman :				woman:						
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n weeks	) Post fe	ertilization age of the fetus (in weeks)			
	UNKNOWN			8		, 1 050 10	6			
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?								
	ian performing termination									
DR. SARAH JULIA	A TURNER  n performing termination (nu	mher and street city star	te and sin s	code)						
	WN ROAD, INDIANAPOL	•	ини лір (		_					
_	to DCS, if Patient under						_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905		NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or t	or town, of pregnancy termination  LAFAYETTE  County of pregnancy termin  TIPPECANOR							
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion						
23		Yes No	05/09/20				Hi		ol Diploma	or GED	)	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unkno		Not I	y anic or Latino Hispanic or La		Unknown	
Live Births:		umber now living	3			Number n			0			
Other Termination	15.	umber of spontaneou	0			Number o	of indu	iced termi	nations 0			
Dates of termination	is (Do no		ation. If more than six (6				5			6		
Fetus delivered alive	<del></del>	If yes, length of ti					J	Complic	cation(s) of Pro	egnancy	Termination	
☐ Yes ■	No						■ N	lone		Uterin	e Perforation	
							□ H	Iemorrhag	ge 🔲	Cervic	al Laceration	
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products					
							Other (Specify)					
Pathological examination						'						
performed?							id this	tamainati	on of magness	ar, maan l	t in a matamal dooth?	
	110					Did this termination of pregnancy result in a maternal death?  Yes No						
			Туре	e of Termin	nation Procedur	res						
Procedure that Term	inated Pr	regnancy			Additional Pr	ocedure tha	at Terr	ninated Pr	regnancy			
Medical (Nonsu						(Nonsurgic						
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)						(Nonsurgic						
Medical (Surgical) Suction Curettage												
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) (Surgical)			ration			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question		For Medical (	(Surgical) n	proced	ures answ	ver the followi	ng anes	_ tion	
	, 1		age at least 20 weeks?				s viable or have a post fertilization age at least 20 weeks?					
Yes [		e a post fortifization	age at least 20 weeks.				es No					
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	is question v	was ar	nswered ye	es, complete th	ne follo	wing questions.	
		t opportunity to surv	rive?					opportunit	ty to survive?			
	☐ No				_	Yes  N						
that required the pr			regnant woman had a cor ious impairment to the p		that require						an had a condition ent to the pregnant	
woman?					woman?							
Data last 1	naca L	20	Di · ·	on coti-	a of cast-ti	in 11:2-1-1		De-4 C	utilizati	of 41-	Cotus (in west-)	
Date last normal me	_	an 11/2018	Physici	an estimate	e of gestation (i	n weeks)		Post ie	aunzation age	6	etus (in weeks)	
How were the gestat	tional age	and post fertilization	on age determined?					•				
ULTRASOUND												
Full name of physician performing termination												
DR. SARAH JULIA	TURNI	ER			_							
Address of physician 8590 GEORGETON	•		mber and street, city, sta IS, IN 46268	te, and zip	code)							
			·									
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	ED BY I	ISDH (month, day,	year): 05/23/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	IEZZANINE DRIVE,	City or town		ncy terr		County of pregnancy termination TIPPECANOE				
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion					
26	Yes No	05/09/201		Lauca	tion	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Othe	k or African A r	merican			nnic or Latino Hispanic or Latino  Unknown			
Other Termination	Number of spontaneo				Numb	per of induced termi				
	ns (Do not include this termin	ation. If more than six (6)	), those most re	ecent.)			1			
ıUNKNOWN	2	3	4			5	6			
Fetus delivered alive	, ,	me fetus survived:				Complice  None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable? If viable, medical reason for termination:						☐ Hemorrhag	e Cervical Laceration			
Yes No						☐ Infection	☐ Retained Products			
						Other (Specify)				
Pathological examin	nation If yes, results:									
performed?						Diddictario di la famona di la catalogo				
						Did this termination of pregnancy result in a maternal death?  Yes No				
		Туре	of Terminatio	n Procedu	res					
Procedure that Term	ninated Pregnancy		Ad	lditional Pr	ocedure	e that Terminated Pr	regnancy			
Medical (Nonsi	urgical) Mifepristone			Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec				
Medical (Nonsurgical) Other (Specify)										
Multiple (Consider) Soution Countries										
☐ Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Menstrual Aspiration										
Medical (Surgio	cal) Other (Specify)			Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.	For	r Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  ☐ No	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns. If t	the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur No	vive?	V		us giver Yes [	the best opportunit  No	ry to survive?			
	s for determination that the p						hat the pregnant woman had a condition			
that required the property woman?	rocedure to avert death or ser	ious impairment to the pr	-	hat require voman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal me	enses began	Physicia	ın estimate of g	gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)			
	03/05/2018			10		, Tost ic	8			
	tional age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physics	ian performing termination									
DR. SARAH JULIA										
	n performing termination (nu		e, and zip code	e)						
0090 GEURGEIO	WN ROAD, INDIANAPOL	13, IN 40208								
**Date Reported	to DCS, if Patient under	6 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905	City or to	wn, of pregna	ncy terr		County of pregnancy termination  TIPPECANOE		
<u> </u>	1						
Patient's age**		Educat	tion	<u> </u>			
20	2018			Some Co Ethnicity	ellege, No Degree		
☐ American Indian or Alaska Native ☐ Asian ☐ Bl	ack or Africa	n American		■ Hispa	nic or Latino		
Number now living	ther			known	Hispanic or Latino  Unknown		
Number of aportaneous terminations			Numb	er of induced termin	O nations		
Other Terminations.	(C) d		rvanio	er or madeca terms	1		
Dates of terminations (Do not include this termination. If more than six 1, 09/26/2017 2. 3.	(6), those mos 4.	st recent.)		5.	6.		
Fetus delivered alive? If yes, length of time fetus survived:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No				■ None	Uterine Perforation		
				☐ Hemorrhag	e Cervical Laceration		
Fetus viable? If viable, medical reason for termination:	:			_	_		
☐ Yes ■ No				☐ Infection	Retained Products		
		Other (Specify)					
Pathological examination performed?							
Yes No		Did this termination	on of pregnancy result in a maternal death?				
			Yes No	)			
Ту	pe of Termina	ation Procedur	es				
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	egnancy		
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e		
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		■ Medical	(Nonsu	rgical) Misoprostol			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgical) Other (Specify)		☐ Medical	(Surgice	al) Other (Specify)			
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgica	d) procedures, answ	er the following question.		
Was the fetus viable or have a post fertilization age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes No			fetus viable or have a post fertilization age at least 20 weeks?  Yes No				
If the previous question was answered yes, complete the following ques	tions.	If the previou	s questi	on was answered ye	es, complete the following questions.		
Was the fetus given the best opportunity to survive?		Was the fetu	ıs given	the best opportunit	y to survive?		
☐ Yes ☐ No			7es □				
What was the basis for determination that the pregnant woman had a c					nat the pregnant woman had a condition		
that required the procedure to avert death or serious impairment to the woman?	pregnant	woman?	the pro	ocedure to avert dea	th or serious impairment to the pregnant		
Date last normal menses began Physi	oian ostimat-	of gostation (	n wool.	Doct f-	rtilization ago of the fatus (in		
Date last normal menses began  03/15/2018	cian esumate	of gestation (i	n weeks	Post Ie	rtilization age of the fetus (in weeks) 7		
How were the gestational age and post fertilization age determined?				<u> </u>			
ULTRASOUND							
Full name of physician performing termination DR. SARAH JULIA TURNER							
Address of physician performing termination ( <i>number and street, city, s</i>	tate, and zin c	ode)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	,	,					
**Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVED RV ISDH (month day year). 05/23/2018					-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF IND LAFAYETTE, IN, 47905	Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905				r town, of pregnancy termination  LAFAYETTE  County of pregnancy termina  TIPPECANOE					
Patient's age** Mar	ried	Date of pregnancy term	nination	Educat	tion					
19 Race	☐ Yes ■ No	05/09/20	18			Some Co Ethnicity	ollege, No Degree			
☐ American Indian or Al☐ Native Hawaiian or Ot		Asian Blac White Othe	k or African A	American	Unknown Number now d	☐ Hispa ■ Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:		1			Number of ind		0 notions			
Other Terminations:	Number of spontaneou	0			Number of mu	ucea terrir	0			
Dates of terminations (Do		ation. If more than six (6)		ecent.)	5.		6.			
Fetus delivered alive?	If yes, length of tin					Complia	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					1	None	☐ Uterin	e Perforation		
					п	☐ Hemorrhage ☐ Cervical Laceration				
Fetus viable?  Yes No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
						Other (Specify)				
Pathological examination		—   ' `	— Guier ( <i>spectyy</i> )							
performed?	If yes, results:									
☐ Yes ■ No					Did this			t in a maternal death?		
	•				•					
		Туре	of Termination	on Procedur	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical	l Medical	(Nonsurgical) M	//////////////////////////////////////	e						
<ul> <li>Medical (Nonsurgical</li> </ul>	l) Misoprostol			Medical	(Nonsurgical) M	/lisoprostol	1			
Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)										
☐ Medical (Surgical) Sometime Medical (Surgical) Sometime Medical (Surgical) Medica					(Surgical) Sucti (Surgical) Mens					
Medical (Surgical) O	other (Specify)			] Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) pro	ocedures, answer the following	llowing question.	Fo	or Medical (	Surgical) proced	lures, answ	ver the following ques	stion.		
Was the fetus viable or h		age at least 20 weeks?	,		us viable or have Yes	viable or have a post fertilization age at least 20 weeks?				
If the previous question wa	as answered yes, compl	ete the following question	ons. If	the previou	s question was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus given the b ☐ Yes ☐ No		ive?	7		us given the best	opportuni	ty to survive?			
What was the basis for d	etermination that the n	eonant woman had a con	ndition V	— What was th	e basis for deter	mination t	hat the pregnant wom	an had a condition		
that required the procedu			regnant t	hat required			ath or serious impairm			
woman?			'	woman?						
Data last named 1	ogen	DL	on actimata a C	gostatic - /	n waaka)	Do-4 f	utilization and -f-4	fotus (in tracks)		
Date last normal menses b  0	egan 3/06/2018	Physicia	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of the <b>6</b>	icius ( <i>in weeks)</i>		
How were the gestational a	age and post fertilization	n age determined?								
ULTRASOUND										
Full name of physician per	eforming tarmination									
DR. SARAH JULIA TUR										
Address of physician perfo	•	•	te, and zip cod	le)						
8590 GEORGETOWN R	OAD, INDIANAPOLI	S, IN 46268								
**Date Reported to DC	CS, if Patient under 1	6 (month day year).								
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  05/23/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905				City or	town, of pregna			County of pregnancy termination TIPPECANOE			
Patient's age**	Marrie	ed	Date of pregnancy ter	mination	Educa	tion					
24		Yes No	05/09/2				Н		ol Diploma o	or GED	)
Race American Indian Native Hawaiian	or Othe			ack or Afric her	an American		iknown oer now d	■ Not H	nnic or Latino Hispanic or La	tino	☐ Unknown
Live Births:			2					uced termin	0		
Other Termination	15.	umber of spontaneou	0	(C) 1		Nullic	ber of fild	uced termin	0		
Dates of termination	is ( <i>Do no</i> 2		ation. If more than six (				5.			5.	
Fetus delivered alive	e?	If yes, length of ti						Complic	ation(s) of Pre	gnancy	Termination
☐ Yes ■	No						■ N	None		Uterine	e Perforation
							☐ F	Hemorrhage	e 🗆	Cervic	al Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection	П	Retain	ed Products
								Other (Spec	rify)		
Pathological examin	ation	If yes, results:						ouici (spec	.(Jy)		
performed?											
☐ Yes ■	No						Did this			y result	t in a maternal death?
		•					•				
			Ty <sub>l</sub>	pe of Termi	nation Procedu	res_					
Procedure that Terminated Pregnancy Additional Proc							e that Ter	minated Pr	egnancy		
Medical (Nonsu	ırgical)	Mifenristone			☐ Medical	(Nonsu	rgical) N	lifepristone	e.		
Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	1isoprostol			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgion Med		tion Curettage						on Curettaş strual Aspir			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following	ng ques	tion.
Was the fetus viab		re a post fertilization	age at least 20 weeks?			us viabl Yes [	ole or have a post fertilization age at least 20 weeks?  No				
If the previous quest	ion was	answered yes, compl	lete the following quest	ions.	If the previou	ıs questi	ion was a	nswered ye	es, complete th	e follov	wing questions.
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us giver Yes [		opportunit	y to survive?		
What was the basis	s for dete	ermination that the pr	regnant woman had a co	ondition	What was t	he basis	for deter	mination th	nat the pregnar	nt wom	an had a condition
			ious impairment to the								ent to the pregnant
woman !					woman!						
Data 1	mas = 1	-	l tot	nion - · ·	o of '	1	a)	D / C		of 11 of	Sotro (in
Date last normal me		an <b>02/2018</b>	Physic	an estimat	e of gestation (	n weeks	5)	Post fer	runzation age	of the f	etus (in weeks)
How were the gestat	ional ag	e and post fertilization	on age determined?					ı			
ULTRASOUND											
Full name of physician performing termination											
DR. SARAH JULIA											
1 .			mber and street, city, st	ate, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	is, in 46268								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _								
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE				
Dationt's ac-**			Data of manager t	inotio	pa.	tion			
Patient's age** 31	Marrie [	d Yes No	Date of pregnancy term 05/09/20		Educa	tion		ollege, No Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ☐ Other		can American	■ Un		nnic or Latino Hispanic or Latino	
Live Births:	N	umber now living	2			Numb	per now deceased	0	
Other Termination	15.	umber of spontaneou	3			Numb	per of induced termi	nations 2	
Dates of termination  1. UNKNOWN		ot include this termin UNKNOWN	ation. If more than six (6		ost recent.) 4. <b>UNKNOWN</b>	l	5. UNKNOW	N	
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complie	cation(s) of Pregnancy Termination	
☐ Yes ■	No						■ None	☐ Uterine Perforation	
Fetus viable?		If viable medical	reason for termination:				☐ Hemorrhag	e	
Yes •	No	ii viable, illedical	reason for termination.				☐ Infection	☐ Retained Products	
							Other (Spec	cify)	
Pathological examination									
performed?	No						Did this terminati	on of pregnancy result in a maternal death?	
							Yes N		
			Туре	of Termi	nation Procedu				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
Medical (Nonsi     Medical (Nonsi							rgical) Mifepriston rgical) Misoprosto		
Medical (Nonsi							argical) Other (Spec		
☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgion Med							cal) Menstrual Aspi cal) Other ( <i>Specify</i> )	ration	
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, answ	ver the following question.	
	ole or hav		age at least 20 weeks?		Was the fet	_	le or have a post fer	ilization age at least 20 weeks?	
		answered ves comp	lete the following question	ins	_	_	_	es, complete the following questions.	
		st opportunity to surv			•	•	n the best opportuni		
Yes [		opportunity to sur-				Yes [		y to sail 11101	
			regnant woman had a con					hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	rocedure	to avert death of ser	lous impairment to the pr	egnam	woman?	u uie pi	ocedure to avert dea	tur or serious impairment to the pregnant	
					1				
Date last normal me	-	an <b>08/2018</b>	Physicia	an estimat	e of gestation (i	n week	Post fe	rtilization age of the fetus (in weeks)  6	
How were the gestar			on age determined?		-			-	
ULTRASOUND									
Full name of physic	ian nerfo	rming termination							
DR. SARAH JULIA	A TURN	ER							
Address of physician 8590 GEORGETO	-	-	mber and street, city, stai	te, and zip	code)				
JJJJ GEURGEIU	TVIN KU	, וואטואואAPUL							
**Date Reported	to DCS	, if Patient under	6 (month, day, year):					_	
DATE RECEIVI	ED BY	ISDH (month, day,	year): 06/02/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy termi		County of pregnancy termination MARION	
	1			1				
Patient's age** 27	Married ☐ Yes ■ No	Date of pregnancy term 05/22/20		Educa	tion	Some Co	ollege, No Degree	
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Other		n American	Unki		nnic or Latino Hispanic or Latino   Unknown	
Live Births:		1					0	
Other Termination		0			Number	r of induced termi	nations 0	
Dates of termination	ns (Do not include this termin	nation. If more than six (6		,		5.	6.	
Fetus delivered alive		ime fetus survived:		*		Complic	cation(s) of Pregnancy Termination	
☐ Yes ■	No					None	☐ Uterine Perforation	
						☐ Hemorrhag	e	
Fetus viable?  Yes	,	l reason for termination:				☐ Infection	☐ Retained Products	
						Other (Spec	-ifv)	
Pathological examin	nation If yes, results:					Outer (spee	.493)	
performed?								
☐ Yes ■ No					Did this termination of pregnancy result in a maternal death?  Yes No			
		Type	of Termin	ation Procedur	res			
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy								
☐ Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsurg	gical) Mifepriston	e	
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)			
					(-	,, o ( <i>a</i> <sub>f</sub> ,	937	
- M 1: 1/6	1) G				/C : 1	) G .: G .:		
☐ Medical (Surgion	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgical	<ul><li>) Suction Curetta</li><li>) Menstrual Aspi</li></ul>	ge ration	
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgical	) Other (Specify)		
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	(Surgical)	procedures, answ	er the following question.	
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?			us viable Yes		ilization age at least 20 weeks?	
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	s question	n was answered ye	es, complete the following questions.	
Was the fetus give ☐ Yes [	en the best opportunity to sur  No	vive?			us given t Yes	the best opportunit	ey to survive?	
What was the basi	s for determination that the p	oregnant woman had a con	ndition	What was tl	ne basis f	or determination t	hat the pregnant woman had a condition	
	rocedure to avert death or se						ath or serious impairment to the pregnant	
woman.				woman.				
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)	
	03/05/2018		commute	10		1 030 10	8	
How were the gestar	tional age and post fertilizati	on age determined?						
OLINAGOUND								
Full name of physic	ian performing termination							
DR. CAITLIN BER	NARD							
	n performing termination (na WN ROAD, INDIANAPOL		te, and zip	code)				
SOU SECRETO	NOAD, INDIANAPOL	, 114 70200						
**Date Reported	to DCS, if Patient under	16 (month, day, vear):					_	
_	ED BY ISDH (month, day,							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or					r town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Dotiont's**			Data of mer '	incti	17:1	tion					
Patient's age** 41	Marri	ed □ Yes ■ No	Date of pregnancy term <b>05/22/20</b>		Educa	tion			elor's Degree		
Race American Indiar Native Hawaiiar	or Oth		☐ Asian ☐ Blac ☐ White ☐ Othe		an American		known er now de	Not H	nic or Latino lispanic or Latino	☐ Unknown	
Live Births:			2						0		
Other Termination	15.	Number of spontaneou	0			Numr	ber of indu	iced termin	4		
Dates of termination		ot include this termin <sub>2.</sub> <b>2007</b>	ation. If more than six (6		ost recent.) <sub>4.</sub>	ı	5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complica	ation(s) of Pregna	ncy Termination	
☐ Yes ■	No						■ N	lone	☐ Ute	rine Perforation	
Estus viable?		If viable medical	massan fan tammination				□н	Iemorrhage	e 🔲 Cer	vical Laceration	
Fetus viable?  Yes	No	ii viable, medicai	reason for termination:				☐ Ir	nfection	Ret	ained Products	
								Other (Spec	ify)		
Pathological examin	nation	If yes, results:									
performed?	No						Did this	terminatio	n of pregnancy re	sult in a maternal death?	
						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
										1	
			Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated I	Pregnancy			Additional Pr	ocedure	e that Terr	ninated Pro	egnancy		
Medical (Nonsu							onsurgical) Mifepristone onsurgical) Misoprostol				
Medical (Nonst								ther ( <i>Speci</i>	fy)		
Medical (Surgio								on Curettag			
☐ Medical (Surgion Med		nstrual Aspiration ner (Specify)					al) Mensi al) Other	trual Aspir (Specify)	ation		
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgica	al) procedi	ures, answe	er the following q	uestion.	
			age at least 20 weeks?						lization age at lea		
Yes [		, o a post returneation	age at reast 20 weeks.			Yes [		a post rere		St 20 Weeks	
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s questi	ion was ar	nswered ye	s, complete the fo	llowing questions.	
Was the fetus give  ☐ Yes [		est opportunity to surv	ive?			us giver Yes [		opportunit	y to survive?		
		· · · · · · · · · · · · · · · · · · ·		11	_		_			1 1 12	
that required the pr			regnant woman had a cor ious impairment to the pr		that require					oman had a condition irment to the pregnant	
woman?					woman?						
Detail 1	1						- \	D · C	4:1:4: 0 :		
Date last normal me		gan <b>/05/2018</b>	Physicis	an estimat	e of gestation (i	n weeks	S)	Post fer	tilization age of the	ne fetus (in weeks)	
_	tional ag	ge and post fertilization	on age determined?								
ULTRASOUND											
Full name of physic	ian nerf	orming termination									
DR. CAITLIN BER	NARD	_									
Address of physician 8590 GEORGETO	•	_	mber and street, city, sta IS_IN 46268	te, and zip	code)						
JULU SECROLIO		, INDINITAL OLI									
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/23/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or	or town, of pregnancy termination INDIANAPOLIS				County of pregnan	cy termination
Patient's age** M:	arried	i Yes • No	Date of pregr	nancy term 05/22/20		Educa	tion		Some Co	llege, No Degree	
Race American Indian or A			Asian	=		an American	_			nic or Latino	_
Native Hawaiian or C Live Births:		Pacific Islander Imber now living	■ White	Othe	er			nknown oer now d		Hispanic or Latino	Unknown
Other Terminations:	Νι	ımber of spontaneou	is terminations				Numb	per of indu	uced termin		
Dates of terminations (D					), those m	ost recent.)				1	
1. 2014 Fetus delivered alive?	_ 2.	UNKNOWN  If yes, length of times the second	3. UNK			4		5	Complic	ation(s) of Pregnanc	v Termination
Yes No		ii yes, iengui oi ui	me retus surviv	eu.						_	ne Perforation
								— 	Hemorrhage	e ☐ Cervi	cal Laceration
Fetus viable?  Yes No		If viable, medical	reason for term	nination:					nfection	_	ned Products
									Other (Spec	rify)	
Pathological examination	n	If yes, results:									
performed?  Yes No								Did this	terminatio	on of pregnancy resu	It in a maternal death?
								☐ Yes			
Type of Termination Precedures						res					
Procedure that Terminated Pregnancy  Type of Termination Procedures  Additional Proc							e that Ter	minated Pr	egnancy		
☐ Medical (Nonsurgic		•								•	
Medical (Nonsurgic	cal) N	Misoprostol									
Wiedlear (Nonsurgie	cai) (	эты (вресцу)				Wiedicar	(1vonsu	ingicai) C	uici (speci	997	
Medical (Surgical)	Suct	ion Curettage				☐ Medical	(Suroic	eal) Sucti	on Curettag	ore .	
Medical (Surgical)  Medical (Surgical)  Medical (Surgical)	Men	strual Aspiration					(Surgic	al) Mens	strual Aspir (Specify)		
Wiedicai (Surgicai)	Ouic	1 (Бресцу)				Wiedicar	(Surgic	ai) Ouici	(вресцу)		
For Medical (Surgical) p	oroce(	lures answer the fo	llowing questic	nn		For Medical	(Surgic:	al) proced	ures answ	er the following que	stion
Was the fetus viable or			• 1							ilization age at least	
Yes Yes N		a post fortingation	age at least 20	weeks.			Yes [		u post rere	mzatron age at reast	20 weeks.
If the previous question	was a	inswered yes, compl	lete the followi	ng questic	ons.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus given the ☐ Yes ☐ N		opportunity to surv	rive?				us givei Yes [		opportunit	y to survive?	
What was the basis for		rmination that the pr	egnant woman	had a cor	ndition			_	mination th	nat the pregnant won	nan had a condition
that required the proceed woman?											ment to the pregnant
Date last normal menses	_			Physicia	an estimat	e of gestation (	in week.	s)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestationa		and post fertilization	n age determin	led?		8				6	
ULTRASOUND		1									
<u> </u>											
Full name of physician p DR. CAITLIN BERNAF		ming termination									
Address of physician per 8590 GEORGETOWN		-		t, city, sta	te, and zip	code)					
0090 GEORGETOWN	NOF	, INDIANAPUL	, IN 40200								
**Date Reported to D										-	
DATE RECEIVED I	BY I	SDH (month, day,	year):05/23/	2018						_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PPIN-GEORGETOWN OR		0 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	town, of pregna	ncy terminat	ion	County of pregnancy termination MARION		
Patient's age**			Date of pregnancy term	nination	Educat	ion				
22	Married	Yes • No	05/22/20		Educat	ion		ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Other		Asian Blace White Other		an American	Unknow		y anic or Latino Hispanic or Latino		
Other Termination	ns: Nu	mber of spontaneou	us terminations 0			Number of	induced termi	nations 0		
Dates of termination	ns (Do not		ation. If more than six (6					*		
Fetus delivered alive Yes Fetus viable?		If yes, length of ti	me fetus survived: reason for termination:		4		Complie None Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration		
	Pathological examination If yes, results:						Infection Other (Spec	☐ Retained Products		
performed?  Yes No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			T	o of To	nation Duc J	ras.				
Drogodura that T-	nineted D	agnoney	Турс	e or Termi	nation Procedur		Tarminate 1 D	ragnancy		
Medical (Nons     Medical (Nons	■ Medical (Nonsurgical) Misoprostol					(Nonsurgica (Nonsurgica	onsurgical) Mifepristone onsurgical) Misoprostol onsurgical) Other (Specify)			
Medical (Surgi	cal) Mens	strual Aspiration			☐ Medical	(Surgical) N	Suction Curetta Menstrual Aspi Other (Specify)	ration		
For Medical (Surgic	cal) proced	lures, answer the fo	llowing question.		For Medical (	Surgical) pro	ocedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [		a post fertilization	age at least 20 weeks?			is viable or l Yes   No	riable or have a post fertilization age at least 20 weeks?			
If the previous quest	tion was a	nswered yes, comp	lete the following question	ons.	If the previou	s question w	as answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		opportunity to surv	rive?			is given the	best opportuni	ty to survive?		
			regnant woman had a cor ious impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Detailed a server large			Dl		£t-t: (:		D4 f-			
Date last normal me	04/0	2/2018		an esumat	e of gestation (i	n weeks)	POSt IC	ertilization age of the fetus (in weeks)  6		
How were the gestate ULTRASOUND	tional age	and post fertilization	on age determined?							
	Full name of physician performing termination  DR. CAITLIN BERNARD									
Address of physician 8590 GEORGETO	-	•	mber and street, city, sta IS, IN 46268	te, and zip	code)					
dula		icp								
_			6 (month, day, year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					mination IS		County of pregnand	cy termination
Patient's age** M	arried □ Yes ■ No	Date of pregnancy term 05/22/20		Educa	tion	н	igh Scho	ol Diploma or GE	D
Race American Indian or		☐ Asian ☐ Blac	k or African	American			Ethnicity  Hispa	nic or Latino	
Native Hawaiian or Live Births:	Other Pacific Islander  Number now living	☐ White ■ Othe	er		_	known er now d		Hispanic or Latino	Unknown
Other Terminations:	Number of spontaneo	us terminations			Numb	er of indu	aced termin	nations 0	
•		nation. If more than six (6						<u> </u>	
Fetus delivered alive?		me fetus survived:	4			5		ation(s) of Pregnanc	
Yes No	if yes, length of the	me ietus sui viveu.				■ N	•	_	ne Perforation
						□ F	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable?  Yes No	If viable, medical	reason for termination:				□ I₁	nfection	☐ Retain	ned Products
							Other (Spec	rify)	
Pathological examinatio performed?	n If yes, results:								
Yes No									lt in a maternal death?
						☐ Yes	s ■ No	)	
Type of Termination Procedures									
Procedure that Terminated Pregnancy Additional Pro						that Teri	minated Pr	egnancy	
☐ Medical (Nonsurgio			١.				lifepristone	•	
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgi			]	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical)			<sub>[</sub>	Medical	(Surgica	al) Suction	on Curettag	ge	
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		]	☐ Medical ☐ Medical	(Surgical Control of C	al) Mens al) Other	trual Aspir (Specify)	ration	
For Medical (Surgical) p	procedures, answer the fo	ollowing question.	<u>-</u>	For Medical	(Surgica	ıl) proced	ures, answ	er the following que	stion.
Was the fetus viable of Yes ■	r have a post fertilization No	age at least 20 weeks?			us viable Yes [		a post ferti	ilization age at least	20 weeks?
If the previous question	was answered yes, comp	elete the following question	ons. I	f the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.
Was the fetus given the ☐ Yes ☐ I	e best opportunity to sur	vive?			us given Yes		opportunit	y to survive?	
		regnant woman had a con	dition	_		_	mination th	nat the pregnant won	een hed a condition
		rious impairment to the pr						th or serious impair	
woman:				woman?					
Date last normal menses	s began	Physicia	an estimate o	f gestation (	in weeks	;)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestationa	03/15/2018	on age determined?		11				9	
ULTRASOUND	Post formization								
Full name of physician p DR. CAITLIN BERNAI	-								
Address of physician pe 8590 GEORGETOWN	-	mber and street, city, stat	te, and zip co	ode)					
	,,								
	200 10= 1								
•		16 (month, day, year):						-	
DATE RECEIVED	BY ISDH (month, day,	year):						_	

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			ity or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
	T								
Patient's age** 30	Married Yes No	Date of pregnancy term <b>05/22/20</b> 1		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 1		
	ns (Do not include this termin	ation. If more than six (6,	), those mo	ost recent.)					
L. UNKNOWN	2	3		4		5	eation(s) of Pregnancy Termination		
Fetus delivered alive	, ,	me fetus survived:				None None	Uterine Perforation		
							_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_		
☐ Yes ■	No					☐ Infection	Retained Products		
Pathological avantination   If was resulted						Other (Spec	cify)		
Pathological examination performed?  If yes, results:									
Yes No					Did this termination of pregnancy result in a maternal death?  Yes No				
		Туре	of Termir	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				
☐ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
i Wedicai (Surgi	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify)</i>			
					(G :	1) 1	4 6 11		
	cal) procedures, answer the fo				or Medical (Surgical) procedures, answer the following question.				
Was the fetus viab ☐ Yes	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportuni	ry to survive?		
_		manner warmen had a son	dition	_	_	_	hat the musement ryamon had a condition		
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?				woman?					
-		T				, 1 -			
Date last normal me	enses began 04/03/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  6		
	tional age and post fertilization	on age determined?				<u> </u>			
ULTRASOUND									
Full name of physic	ian performing termination								
DR. CAITLIN BER	ian performing termination <b>NARD</b>								
	n performing termination (nu		e, and zip	code)					
8590 GEORGETO	WN ROAD, INDIANAPOL	13, IN 46268							
**Date Reported	to DCS, if Patient under	6 (month, day, year):							
DATE RECEIVI	ED BY ISDH (month, day,	year):05/23/2018							

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Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or town, of pregnancy to INDIANAPO				County of pregnancy termination MARION		
D.: ., **	T	l D c	• ,•	l E I					
Patient's age** 21	Married ☐ Yes ■ No	Date of pregnancy term 05/22/20		Educa	tion	Some Co	ollege, No Degree		
Race American India	<u> </u>			n American		Ethnicity  Hisp	y anic or Latino		
Native Hawaiian	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not ler now deceased	Hispanic or Latino  Unknown		
Other Termination	Number of spontaneo				Numb	er of induced termi	nations		
	ns (Do not include this termin	ation. If more than six (6	), those mo	est recent.)			1		
1. 2016	1	3	4	l		5	cation(s) of Pregnancy Termination		
Fetus delivered alive	, , , , ,	me fetus survived:				_			
						■ None	Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■	No					☐ Infection	☐ Retained Products		
						Other (Spe	cify)		
Pathological examination performed?									
Yes ■ No					Did this termination of pregnancy result in a maternal death?				
					Yes ■ No				
		T.	C.T.						
Procedure that Term	ningted Programmy	Туре	e of Termin	Additional Pr		that Terminated P	ragnonav		
Medical (Nons)	urgical) Mifepristone urgical) Misoprostol			■ Medical	cal (Nonsurgical) Mifepristone cal (Nonsurgical) Misoprostol				
Medical (Nons	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)		
	cal) Suction Curettage					al) Suction Curetta			
	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgical (Surgical	<ul><li>al) Menstrual Aspi</li><li>al) Other (Specify)</li></ul>	ration		
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	l) procedures, ansv	ver the following question.		
	ole or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
	tion was answered yes, comp	lete the following question	ons.	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.					
Was the fetus give	en the best opportunity to surv	• •		Was the fetus given the best opportunity to survive?					
☐ Yes [	_			_	Yes [	_			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?	•		1 1 0		
Date last normal me	enses began <b>04/01/2018</b>	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  3		
_	tional age and post fertilization	on age determined?					-		
ULTRASOUND									
Full name of shysic	ian performing termination								
DR. CAITLIN BER									
	n performing termination (nu WN ROAD, INDIANAPOL	•	te, and zip	code)					
5530 GEORGETO	WIN NOAD, INDIANAPOL	10, 114 70200							
**Date Reported	to DCS, if Patient under	6 (month, day, year):							
-	ED BY ISDH (month, day,						_		

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to		ncy termination		County of pregnancy termination MARION	
Patient's age**  Married  Patient's age**  Date of pregnar  Yes No  05	ncy termination	Educa	tion	Bache	elor's Degree	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	n American	Unknown		nic or Latino ispanic or Latino	☐ Unknown
Live Births: Number now living 2			Number now o		0	
Other Terminations: Number of spontaneous terminations			Number of inc	luced termin	ations 0	
Dates of terminations (Do not include this termination. If more that	un six (6), those mo	st recent.)	5		6	
Fetus delivered alive? If yes, length of time fetus survived		·		Complica	ation(s) of Pregnancy	Termination
☐ Yes ■ No			•	None	☐ Uterine	e Perforation
				Hemorrhage	☐ Cervic	al Laceration
Fetus viable? If viable, medical reason for termin	nation:			Infection	☐ Retain	ed Products
				Other (Speci		
Pathological examination If yes, results:				outer (speed	<i>137</i>	
performed?						11.10
Lies E No	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
	Type of Termin	ation Procedur	res			
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Pre	egnancy	
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) I (Nonsurgical) I			
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (		fy)	
Medical (Surgical) Suction Curettage			(Surgical) Suct			
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical ☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspira er (Specify)	ation	
				. 1		
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) proce	dures answe	er the following ques	_ tion
Was the fetus viable or have a post fertilization age at least 20 w					lization age at least 2	
Yes No	CCR3:		Yes No	e a post teru	nzation age at least 2	o weeks:
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	answered ye	s, complete the follow	wing questions.
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes	t opportunity	to survive?	
	_44;	_	_		-4 4h	bd diai
What was the basis for determination that the pregnant woman h that required the procedure to avert death or serious impairment		that require			at the pregnant wom h or serious impairm	
woman?		woman?				
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post for	tilization age of the f	etus (in weeks)
03/28/2018		8 8		1 031 101	6	com (an meens)
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	1?					
Full name of physician performing termination  DR. CAITLIN BERNARD						
Address of physician performing termination (number and street,	city, state, and zip o	code)				
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268						
**Date Reported to DCS, if Patient under 16 (month, day, y	ear):					
DATE RECEIVED BY ISDH (month, day, year): 05/23/20	018					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Facility Name and Address Pin-georgetown or (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City			or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION	
	T							
Patient's age**  18	Married ☐ Yes ■ No	Date of pregnancy term 05/22/201		Educa	tion		th, No Diploma	
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino	
Live Births:	Number now living	0			Numb	er now deceased	0	
Other Termination	Number of spontaneous:	us terminations 0			Numb	er of induced termi	nations 1	
Dates of termination	ns (Do not include this termin			ost recent.)				
Fetus delivered alive		me fetus survived:		4		5	cation(s) of Pregnancy Termination	
Yes •	3,	me retus sur vivea.				■ None	Uterine Perforation	
						☐ Hemorrhag		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				_	_	
☐ Yes ■	NO					☐ Infection	Retained Products	
D.d. 1 . 1	. TC 1.					Other (Spec	ify)	
Pathological examination performed?  If yes, results:								
☐ Yes ■ No					Did this termination of pregnancy result in a maternal death?  Yes No			
						<del></del>		
		Туре	of Termin	nation Procedur	res			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e	
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge .	
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration	
i Wedicai (Surgi	cai) Other ( <i>specify</i> )			Wiedicai	(Surgic	ai) Other ( <i>specify)</i>		
					· ·			
	cal) procedures, answer the fo					_	er the following question.	
Was the fetus viab	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.	
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportuni	ty to survive?	
_		manner warmen had a son	dition	_		_	hat the musement ryamon had a condition	
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?				woman?				
Date last name1	uneae hagan	Di: *	n action -	e of gestation (i	n 1	n) D4 C	rtilization age of the fature (i.e.,	
Date last normal me	03/16/2018		ui estiillält	8 or gestation ( <i>i</i>	n week!	Post le	rtilization age of the fetus (in weeks)  6	
	tional age and post fertilization	on age determined?						
ULTRASOUND								
Full name of physic	ian performing termination							
DR. CAITLIN BER	NARD							
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip	code)				
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-	
DATE RECEIVI	ED BY ISDH (month, day,	year):05/23/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS		country of pregnancy termination ANAPOLIS  Country of pregnancy termination MARION			
Patient's age** Ma		nancy termination 05/22/2018	Educat	A	ssociate Degree	
Race American Indian or A Native Hawaiian or C		☐ Black or Afri	can American		ispanic or Latino ot Hispanic or Latino  Unknown	
Live Births:	1			Number of induced te	0	
Other Terminations:	Number of spontaneous terminations 0			Number of madeed te	0	
Dates of terminations (De	o not include this termination. If more	than six (0), those n	nost recent.)  4	5	6	
Fetus delivered alive?  Yes No	If yes, length of time fetus surviv	ved:		Com  None	plication(s) of Pregnancy Termination  Uterine Perforation	
Fetus viable?  Yes No	If viable, medical reason for term	nination:		☐ Hemorr	_	
				Other (2	Specify)	
Pathological examination performed?  Yes No	If yes, results:				nation of pregnancy result in a maternal death?	
		Type of Term	nination Procedur	es		
Procedure that Terminate	ed Pregnancy		Additional Pro	ocedure that Terminate	d Pregnancy	
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol		Medical (	(Nonsurgical) Mifepris (Nonsurgical) Misopro (Nonsurgical) Other (S	ostol	
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical (	(Surgical) Suction Cur (Surgical) Menstrual A (Surgical) Other (Spec	spiration	
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical (	Surgical) procedures, a	nswer the following question.	
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20 to	weeks?		is viable or have a post es No	fertilization age at least 20 weeks?	
If the previous question v	was answered yes, complete the following	ing questions.	If the previous	s question was answere	d yes, complete the following questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			is given the best opport	unity to survive?	
	determination that the pregnant woman lure to avert death or serious impairme				on that the pregnant woman had a condition death or serious impairment to the pregnant	
Date last normal menses	began <b>04/04/2018</b>	Physician estima	nte of gestation (in	n weeks) Pos	st fertilization age of the fetus (in weeks)  5	
	l age and post fertilization age determin	ned?		1	-	
Full name of physician p	D					
	forming termination (number and stree ROAD, INDIANAPOLIS, IN 46268	et, city, state, and zi	p code)			
**Date Reported to D	CS, if Patient under 16 (month, day	, year):				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	County of pregnancy termin  MARION	ation				
		gnancy termination	Educa		h Cahaal Birlana a 255	
Race American Indian or A		<b>05/22/2018</b> ☐ Black or Afr	ican American		h School Diploma or GED  Ethnicity Hispanic or Latino	
Native Hawaiian or C	Number now living	■ Other		Unknown Number now dec	eased	Jnknown
Other Terminations:	Number of spontaneous termination	1S		Number of induc		
	o not include this termination. If more	) e than six (6), those i	most recent.)		0	
1			4		6	
Fetus delivered alive?  Yes No	If yes, length of time fetus surv	rived:			Complication(s) of Pregnancy Termin	
				■ No		
Fetus viable?	If viable, medical reason for ter	rmination:		— ☐ He	morrhage	ation
☐ Yes ■ No				☐ Inf	ection Retained Produ	icts
				Otl	ner (Specify)	
Pathological examination performed?	If yes, results:					
Yes No				Did this to ☐ Yes	ermination of pregnancy result in a ma  No	ternal death?
Type of Termination Procedures						
Procedure that Terminate	ed Pregnancy	V		ocedure that Termi	nated Pregnancy	
_	•				Ç ,	
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)						
iviculear (rvonsurgie	ary Other (Speetyy)		Wiedicar	(Ivonsurgical) Ou	ci (specify)	
Madical (Surgical)	Sustian Cumpttons		Madical	(Cumaical) Custian	Curattaga	
	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr	ıal Aspiration	
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other (	Specify)	
For Medical (Surgical) p	rocedures, answer the following quest	tion.	For Medical	(Surgical) procedu	es, answer the following question.	
Was the fetus viable or	have a post fertilization age at least 2		Was the fet	us viable or have a	post fertilization age at least 20 weeks	?
Yes N	No was answered yes, complete the follow	ving questions		Yes  No	wered yes, complete the following que	estions
Was the fetus given the	e best opportunity to survive?	mg questions	Was the fet	us given the best o	oportunity to survive?	331131131
☐ Yes ☐ N				Yes No		44.4
	determination that the pregnant womandure to avert death or serious impairm				nation that the pregnant woman had a evert death or serious impairment to th	
Date last normal menses	began	Physician estim	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in	weeks)
	UNKNOWN	-	9	···/	7	/
How were the gestational ULTRASOUND	l age and post fertilization age determ	ined?				
Full name of physician p	erforming termination					
DR. CAITLIN BERNAR	RD		:			
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268)		ıp code)			
**Date Reported to D	OCS, if Patient under 16 (month, do	ıy, year):				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 46268	City or town, o	of pregnan	-	County of pregnancy termination  MARION			
Patient's age**	Married	Date of pregnancy term	ination	Educati	on				
36	Yes No	05/22/201			A	ssociate Degree			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac Othe	k or African Am r		Unknown Number now decease	Hispanic or Latino Not Hispanic or Latino  ■ Unknown d  0			
Other Termination	Number of spontaneo	us terminations 2			Number of induced te	erminations 2			
Dates of termination 01/04/2012	ns (Do not include this termin	nation. If more than six (6)		ent.) KNOWN	5	6			
Fetus delivered alive		ime fetus survived:			Com	nplication(s) of Pregnancy Termination			
☐ Yes ■	No				■ None	☐ Uterine Perforation			
Fetus viable?	If viable, medical	reason for termination:			☐ Hemorr	rhage			
Yes •	,	reason for termination.			☐ Infection	n Retained Products			
					Other (	Specify)			
Pathological examin	nation If yes, results:								
Yes •	No					nation of pregnancy result in a maternal death?			
		Туре	of Termination	Procedure	es				
Procedure that Term	ninated Pregnancy		Addi	itional Pro	cedure that Terminate	d Pregnancy			
	urgical) Mifepristone urgical) Misoprostol				Nonsurgical) Mifepris Nonsurgical) Misopro				
Medical (Nonst	urgical) Other (Specify)			Medical (	cal (Nonsurgical) Other (Specify)				
	cal) Suction Curettage cal) Menstrual Aspiration				Surgical) Suction Cur Surgical) Menstrual A				
Medical (Surgio	cal) Other (Specify)				Surgical) Other (Spec				
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.	For I	Medical (S	Surgical) procedures, a	nnswer the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  ☐ No	age at least 20 weeks?	Wa		s viable or have a post es    No	fertilization age at least 20 weeks?			
If the previous quest	tion was answered yes, comp	elete the following question	ns. If the	e previous	question was answere	ed yes, complete the following questions.			
Was the fetus give  ☐ Yes [	en the best opportunity to sur	vive?	Wa		s given the best opportes  \text{No}	tunity to survive?			
	s for determination that the p	regnant woman had a con	dition Wh	_	s ☐ No basis for determination that the pregnant woman had a condition				
	rocedure to avert death or ser		egnant tha			t death or serious impairment to the pregnant			
Wollian:			₩0						
Date last normal me	enses began	Physicia	n estimate of ge	estation (in	weeks) Pos	st fertilization age of the fetus (in weeks)			
How were the gostat	03/21/2018 tional age and post fertilization	on aga datarminad?		8		6			
ULTRASOUND	nonai age anu post ierunzati	on age determined?							
Full name of physics	ian performing termination								
DR. CAITLIN BER	NARD								
* *	n performing termination (nu WN ROAD, INDIANAPOL	•	e, and zip code)						
	,	, , , , , , , , , , , , , , , , , , , ,							
**Date Reported	to DCS, if Patient under	16 (month, day, year):							
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):05/23/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to		ncy termination		County of pregnancy termination  MARION		
	ncy termination 5/22/2018	Educa		ligh School	Diploma or GED	)	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	n American	Unknown	■ Not His	ic or Latino spanic or Latino	□ Unknown	
Live Births: Number now living 0			Number now deceased  0  Number of induced terminations				
Other Terminations: Number of spontaneous terminations 1			Number of ind	luced termina	tions 0		
Dates of terminations (Do not include this termination. If more the 1. 2016 2. 3.	an six (6), those mo 4	st recent.)	5.		6		
Fetus delivered alive? If yes, length of time fetus survived	d:			Complicat	ion(s) of Pregnancy	Termination	
☐ Yes ■ No				None	☐ Uterine	e Perforation	
Establish of the state of the s	4:			Hemorrhage	☐ Cervic	al Laceration	
Fetus viable? If viable, medical reason for termin	nation:			Infection	☐ Retain	ed Products	
				Other (Specif	y)		
Pathological examination							
performed?  Yes No	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
	Type of Termin	ation Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	rminated Preg	nancy		
Medical (Nonsurgical) Mifepristone			(Nonsurgical) I				
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)							
		_			,		
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suct	ion Curettage			
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Men (Surgical) Othe	strual Aspirat			
Medical (Surgical) Other (Specify)		Medicai	(Surgical) Othe	т (Ѕресіју)			
						_	
For Medical (Surgical) procedures, answer the following question			ical (Surgical) procedures, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ☐ No	reeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	nswered yes,	complete the follow	wing questions.	
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best Yes  \text{No}	topportunity	to survive?		
What was the basis for determination that the pregnant woman h					t the pregnant wom		
that required the procedure to avert death or serious impairment woman?	to the pregnant	that required woman?	d the procedure	to avert death	or serious impairm	ent to the pregnant	
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post ferti	lization age of the f	etus (in weeks)	
03/28/2018  How were the gestational age and post fertilization age determined	d?	7			5		
ULTRASOUND	<b>u</b> .						
Full name of physician performing termination  DR. CAITLIN BERNARD							
Address of physician performing termination (number and street,	city, state, and zip	code)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, )	vear):						
DATE RECEIVED BY ISDH (month, day, year): 05/23/2	018						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•		County of pregnancy termination  MARION		
Dationt's cook*	T	Data of mean an ave town	inotion.	Educa	tion		1		
Patient's age** 21	Married ☐ Yes ■ No	Date of pregnancy term 05/22/20		Educa	tion	Some C	ollege, No Degree		
	<u> </u>		k or Africa	an American		Ethnicit	• •		
Live Births:	Number of spontaneous	0				per of induced term	0		
Other Termination	18.	0			Nullic	ber of maucea term	0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6				5	6		
Fetus delivered alive	1	me fetus survived:		†·			cation(s) of Pregnancy Termination		
☐ Yes ■	,					■ None	☐ Uterine Perforation		
				☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:							
☐ Yes ■	No			☐ Infection ☐ Retained Products					
				Other (Specify)					
Pathological examir performed?	nation If yes, results:								
☐ Yes ■	No						on of pregnancy result in a maternal death?		
						☐ Yes ■ N	0		
		Туре	of Termir	nation Procedu					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ne J		
	urgical) Other (Specify)			Medical	(Nonsu	rgical) Other (Spec	cify)		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	nge		
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Asp al) Other (Specify)	iration		
ivicultar (Surgi	car) Onici (specijy)			Wiedicar	(Surgic	ar) Onici (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.		
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	elete the following question	ons.	If the previous question was answered yes, complete the following questions.					
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [	_			_	Yes [	_			
	s for determination that the p procedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?		r		woman?			1		
Date last normal me	-	Physicia	an estimate	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gests:	03/21/2018 tional age and post fertilization	on age determined?		9			7		
ULTRASOUND	assau ago ana post terrinzane	on ago determined:							
L									
	ian performing termination								
DR. CAITLIN BER		umbon and attend	to an I	ands)					
	n performing termination (nu WN ROAD, INDIANAPOL	•	e, ana zip	coae)					
	· · · · · · · · · · · · · · · · · · ·								
**Date Reported	to DCS, if Patient under	16 (month, dav. vear):							
-	ED BY ISDH (month, day,								
DATE VECEIAL	נוטבו בע עם (monin, aay,	yeur)					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN R	OAD, INDIANAPOLIS, IN, 46268	City or town,		ncy termin		County of pregnancy termination MARION			
Dadiana () steate		D-4- · C	-:4:-		.:					
Patient's age** 25	Married ☐ Yes ■ No	Date of pregnancy term 05/22/20		Educat	tion	High Scho	ol Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe	ck or African Ar	merican	Unkn		nnic or Latino Hispanic or Latino Unknown  0			
Other Termination	Number of spontane	eous terminations			Number	of induced termin	nations 0			
Dates of termination		nination. If more than six (6		cent.)						
Fetus delivered alive		f time fetus survived:	4			5	eation(s) of Pregnancy Termination			
Yes Yes	, ,	time fetus survived.				■ None	Uterine Perforation			
						☐ Hemorrhag				
Fetus viable?	us viable? If viable, medical reason for termination:  ☐ Yes ■ No					☐ Infection	Retained Products			
l les E	140						_			
Pathological examination						Other (Spec	ינוי)			
performed?										
∐ Yes ■	☐ Yes ■ No					Did this termination Yes  No	on of pregnancy result in a maternal death?			
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy		Ado	ditional Pr	ocedure th	hat Terminated Pr	egnancy			
	argical) Misoprostol argical) Other (Specify)									
■ Medical (Surgical) Suction Curettage							ge			
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgical)	Menstrual Aspir Other (Specify)				
iviculcai (Suigh	car) Onici (specijy)			wicdicar	(Surgicar)	Outer (Specify)				
	1) 1 1	C II		34 11 17	(G : 1)	1	4 6 11 2			
	al) procedures, answer the	• •				ical) procedures, answer the following question.				
Was the fetus viab ☐ Yes [	le or have a post fertilizati  No	on age at least 20 weeks?	W			riable or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was answered yes, cor	nplete the following question	ons. If th	ne previou	s question	question was answered yes, complete the following questions.				
Was the fetus give	n the best opportunity to s	urvive?	w	as the fetu	tus given the best opportunity to survive?					
☐ Yes [	□ No			☐ Y	us given the best opportunity to survive?  Yes □ No					
		e pregnant woman had a conserious impairment to the pr					hat the pregnant woman had a condition the or serious impairment to the pregnant			
woman?		rr		oman?			1			
Date last normal me	nses began 03/15/2018	Physici	an estimate of g	estation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks) <b>7</b>			
How were the gestat	tional age and post fertiliza	ation age determined?					'			
ULTRASOUND										
Full name of physics  DR. CAITLIN BER	ian performing termination NARD	1								
* *		number and street, city, sta	te, and zip code	)						
8590 GEORGETO	WN ROAD, INDIANAPO	)LIS, IN 46268								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
_	ED BY ISDH (month, do									
DATE RECEIVE	שנו בע עב (monun, ad	іу, уеші).					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, of preg BLOO					ncy terr		County of pregnancy termination MONROE		
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion				
21	Yes No	05/03/201					ol Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American			nnic or Latino Hispanic or Latino   Unknown		
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0		
	ns (Do not include this termin	1	), those mo	ost recent.)			0		
ı. UNKNOWN	2	3		4		5	6		
Fetus delivered alive	, ,	me fetus survived:				Complic	cation(s) of Pregnancy Termination		
☐ Yes ■	INO					None	☐ Uterine Perforation		
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration		
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products		
						☐ Other (Specify)			
Pathological examin	nation If yes, results:								
performed?	No				Did this termination of pregnancy result in a maternal death?				
						Yes N			
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)		
					(	-8 (-F	937		
☐ Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration		
☐ Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	(al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes [	ole or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	y to survive?		
	s for determination that the p						hat the pregnant woman had a condition		
that required the page woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert dea	th or serious impairment to the pregnant		
				•					
Date last normal me	enses began	Physicia	ın estimate	e of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)		
	02/20/2018			12		, Tost IC	10		
How were the gestat	tional age and post fertilization	on age determined?							
OLIKASUUND									
Full name of physic	ian performing termination								
DR. CAROL DELL	INGER								
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip	code)					
200 G. MILNIDIAN	CI, INDIANAI OLIO, IN 4								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-		
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/23/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or town, of pregnancy  BLOOMING					County of pregnat	DNROE		
Patient's age**	Marri		Date of pregnancy		n Educ	ntion			toda P			
Race		Yes No		3/2018	<u> </u>			Ethnicity				
☐ American Indian ☐ Native Hawaiian	or Oth	er Pacific Islander		Black or A Other	African American		ıknown	■ Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	,	Number now living	1				per now d	eceased uced termin	0			
Other Termination	15.	Number of spontaneou	2	ir (6) thos	e most recent )	INUIII	bei of mu	uced termin	0			
2016			3		*		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					•	cation(s) of Pregnan			
								None	_	ne Perforation		
Fetus viable?	No	If viable, medical	reason for termination	on:				Hemorrhage	_	ical Laceration		
l les 🕒	NO								_	med Products		
Pathological examin	ation	If yes, results:					Other (Specify)					
performed?						Did this termination of pregnancy result in a maternal death?						
							Yes			an in a maternar death.		
Type of Termination Procedures												
Procedure that Term	ninated '	Pregnancy		ype of Te	Additional F		e that Tar	minated De	regnancy			
Medical (Nonsu												
Medical (Nonsu	argical)											
	argicur)	Other (Speedy)			Medica	(T TOTISE	ingicui) c	ther (speed	957			
Medical (Surgio	cal) Su	ction Curettage			Medica	(Surgic	al) Sucti	on Curetta	ge			
	cal) Me	enstrual Aspiration				(Surgic	al) Mens	strual Aspir r ( <i>Specify</i> )				
For Medical (Surgic	al) proc	cedures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks	s?		fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	ion wa	s answered yes, compl	lete the following que	estions.	If the previo	ıs quest	– ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus give	n the be	est opportunity to surv	rive?		Was the fe	tus give	n the best	opportunit	y to survive?			
☐ Yes [						Yes [	_					
that required the pr		termination that the pre- te to avert death or seri			t that requir					man had a condition ment to the pregnant		
woman?					woman?							
Date last normal me	nses be	gan	Phy	sician esti	mate of gestation	in week.	s)	Post fer	rtilization age of the	e fetus (in weeks)		
	U	NKNOWN ge and post fertilization			6				4			
ULTRASOUND	aonai a	ge and post tertifizatio	n age uciennineu?									
Full name of physici DR. CAROL DELL												
Address of physician	n perfoi	ming termination (num	•	state, and	l zip code)							
200 S. MEKIDIAN	οι, IN	DIANAPOLIS, IN 46	)443 									
_		S, if Patient under 1							-			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/23/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address Prin-George Town or (PPG	ess I) - 8590 GEORGETOWN ROAD, INDIANAPOLI			own, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION				
Patient's age** Mi	arried Date of preg	gnancy termination 05/18/2018	Educa		Some College, No Degree			
Race American Indian or D Native Hawaiian or C	Alaska Native Asian	Black or Afr	ican American		Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Unknow	n		
Live Births:	Number now living			Number now dec	*			
Other Terminations:	Number of spontaneous termination	is		Number of induc	ced terminations			
,	o not include this termination. If more	, ,,			· · · · · · · · · · · · · · · · · · ·			
			4		Complication(s) of Pregnancy Termination	_		
Fetus delivered alive?  Yes No	If yes, length of time fetus surv	ived:						
				■ No	one Uterine Perforation			
Fetus viable?	If viable, medical reason for ter	mination:			emorrhage			
☐ Yes ■ No				☐ Inf	fection Retained Products			
				☐ Ot	ther (Specify)			
Pathological examination performed?	n If yes, results:							
Yes ■ No  Did this termination of pregnancy result in a maternal death?  Yes ■ No								
		Type of Term	nination Procedu	res				
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Term	ninated Pregnancy			
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone								
Medical (Nonsurgic	cal) Misoprostol			(Nonsurgical) Mi (Nonsurgical) Otl	isoprostol			
- Wedlear (Fromsurgie	any other (speedy)		Wedicar	(Tronsargreat) Of	ilet (speedy)			
				(G : 1) G :	G			
	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr	rual Aspiration			
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other	(Specify)			
For Medical (Surgical) p	procedures, answer the following quest	ion.	For Medical (	(Surgical) procedu	res, answer the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 2 No	0 weeks?		us viable or have a Yes   No	a post fertilization age at least 20 weeks?			
If the previous question	was answered yes, complete the follow	ving questions.	If the previou	s question was ans	swered yes, complete the following questions.			
Was the fetus given the	e best opportunity to survive? No			us given the best o Yes  No	opportunity to survive?			
	determination that the pregnant woma				nination that the pregnant woman had a condition			
woman?	dure to avert death or serious impairment	ent to the pregnant	woman?	d the procedure to	avert death or serious impairment to the pregn	ant		
Date last normal menses	began <b>02/23/2018</b>	Physician estim	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)  9			
How were the gestationa ULTRASOUND	all age and post fertilization age determ	ined?	11		<u>,                                     </u>			
L								
Full name of physician p								
	rforming termination (number and stre	eet, city, state, and z	ip code)					
200 S. WERIDIAN SI,	00 S. MERIDIAN ST, INDIANAPOLIS, IN 46225							
**Date Reported to D	OCS, if Patient under 16 (month, da	y, year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or	town, of pregnancy t		County of pregnancy termination  MARION	
		ancy termination	Education			
Race American Indian or A Native Hawaiian or C Live Births:	Alaska Native	05/18/2018  ☐ Black or Afric ☐ Other		Ethnicity	ter's Degree  unic or Latino Hispanic or Latino Unknown	
Other Terminations:	Number of spontaneous terminations		Nu	mber of induced termin	nations	
	o not include this termination. If more to 2. 2013	han six (6), those m	nost recent.)		1	
Fetus delivered alive?  Yes No	If yes, length of time fetus surviv	ed:	4	■ None	ation(s) of Pregnancy Termination  Uterine Perforation	
Fetus viable?  ☐ Yes ■ No	If viable, medical reason for term	ination:		☐ Hemorrhage ☐ Infection ☐ Other (Spec	☐ Retained Products	
Pathological examination performed?  Yes No Did this termination of pregnancy result in a maternal deal Yes No						
		Type of Town	ingtion Procedures			
For Medical (Surgical) put Was the fetus viable or Yes N If the previous question vulner Yes N N What was the basis for the N N N N N N N N N N N N N N N N N N N	al) Mifepristone al) Misoprostol al) Other (Specify)  Suction Curettage Menstrual Aspiration Other (Specify)  rocedures, answer the following question have a post fertilization age at least 20 loowas answered yes, complete the following tests opportunity to survive?	n. weeks? ng questions.	Medical (Nor Medical (Nor Medical (Nor Medical (Nor Medical (Sur Medical (Sur Medical (Sur Medical (Sur Yes If the previous que Was the fetus gir Yes What was the ba	able or have a post fert  No estion was answered year the best opportunit  No usis for determination the	ge ration  er the following question.  ilization age at least 20 weeks?  es, complete the following questions.	
Date last normal menses	began <b>04/01/2018</b>	Physician estimat	te of gestation (in we	Post fe	rtilization age of the fetus (in weeks) 5	
How were the gestational ULTRASOUND	l age and post fertilization age determin	ed?		l		
Full name of physician po	_					
Address of physician per	forming termination (number and street INDIANAPOLIS, IN 46225	t, city, state, and zip	o code)			
<u> </u>						
**Date Reported to D	CS, if Patient under 16 (month, day,	year):				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	-		County of pregnancy termination MARION			
Dadiana () steate	1		D-46			4:-					
Patient's age** 20	Married	Yes • No	Date of pregnancy te 05/18/2		Educa	ition	High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Other P			ack or Afric	can American			y anic or Latino Hispanic or Latino			
Other Termination	ns: Num	ber of spontaneo	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not in	nclude this termin	ation. If more than six	(6), those m	nost recent.)			,			
Fetus delivered alive	2		me fetus survived:		4		5 Compli	cation(s) of Pregnancy Termination			
Yes Yes		n yes, length of th	me retus survived.				■ None	☐ Uterine Perforation			
							☐ Hemorrhag	_			
Fetus viable?	tus viable? If viable, medical reason for termination:						☐ Infection	Retained Products			
l les E	140							_			
Pathological examination If yes, results:							Other (Spe	cify)			
performed?											
☐ Yes ■ No							Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
	1										
			Ту	pe of Termi	ination Procedu	res					
Procedure that Term	ninated Preg	nancy			Additional Pr	rocedure	e that Terminated P	regnancy			
	■ Medical (Nonsurgical) Mifepristone						rgical) Mifepristor				
Medical (Nonsu Medical (Nonsu						Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Suction Curettage											
Medical (Surgio	cal) Menstr	ual Aspiration			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration			
- Wedlear (Sargin	cur) Guier (	speegy			Wiedieur	(Buigie	any outer (speedy)				
For Medical (Surgic	nal) <del>pr</del> agadu	ras answer the fo	llowing question		For Medical	(Suraio	al) procedures ones	war the following question			
			• •				ical) procedures, answer the following question.  able or have a post fertilization age at least 20 weeks?				
Was the fetus viab  ☐ Yes [		i post tertifization	age at least 20 weeks?				riable or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was ans	swered yes, comp	lete the following ques	tions.	If the previou	ıs quest	question was answered yes, complete the following questions.				
Was the fetus give		pportunity to surv	vive?				given the best opportunity to survive?				
☐ Yes [					_	Yes [	_				
			regnant woman had a c ious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
Date last normal me	nses began 04/05	/2018	Physi	cian estimat	te of gestation (a	in week:	Post fe	ertilization age of the fetus (in weeks)  8			
How were the gestat	tional age a	nd post fertilization	on age determined?				1				
ULTRASOUND											
Full name of physic	ian nerform	ing termination									
DR. CAROL DELL		ing termination									
Address of physician 200 S. MERIDIAN			mber and street, city, s	tate, and zip	o code)						
	, <b>-</b>		. <del></del>								
**Date Reported	to DCS, if	Patient under	16 (month, day, year):					_			
DATE RECEIVE	ED BY ISI	DH (month, day,	year):05/23/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ac PPIN-GEORGETOWN OR (F			), INDIANAPOLIS,	IN, 46268	City or	ancy termination			County of pregnand	cy termination	
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregn	nancy term 05/18/201		Educa	tion	,	Some Co	llege, No Degree	
Race American Indian	or Ala	ıska Native	Asian	■ Blac	k or Afric	an American			Ethnicity  Hispa	nic or Latino	
Live Births:		ner Pacific Islander Number now living	White	Othe	er		Unkn Number			Iispanic or Latino	Unknown
Other Terminations		Number of spontaneou	s terminations				Number	of indu	aced termin		
		not include this termina	0 ution. If more to	han six (6)	), those m	ost recent.)				1	
		2				4		_ 5	C1:		T
Fetus delivered alive?  Yes N		If yes, length of tir	ne fetus surviv	ed:					•	ation(s) of Pregnanc	
						■ None ☐ Uterine Perfora					cal Laceration
Fetus viable?  Yes N	Ío.	If viable, medical r	eason for term	nination:							
l les les N	10					☐ Infection ☐ Retained Products ☐ Other (Specify)					led Floducts
Pathological examina	tion	If yes, results:							эшег (зрес	ijy)	
performed?							Did this termination of pregnancy result in a maternal death				
la res	•••							Yes			t in a maternal death?
				Туре	of Termi	nation Procedu					
Procedure that Terminated Pregnancy Add						Additional Pi				,	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							(Nonsurg	ical) M	Iifepristone Iisoprostol		
						Medical	(Nonsurg	ical) O	ther (Speci	ify)	
	al) M	enstrual Aspiration				☐ Medical	(Surgical)	) Mens	on Curettag trual Aspir		
Medical (Surgica	al) Ot	her (Specify)				Medical	(Surgical)	) Other	(Specify)		
							(0 1 1)				<del>.</del>
		cedures, answer the fol				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Was the fetus viable  ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					20 weeks?
If the previous question	on wa	s answered yes, comple	ete the following	ng questio	ns.	If the previou	ıs questior	n was ar	nswered ye	s, complete the follo	wing questions.
		est opportunity to survi	ive?						opportunit	y to survive?	
Yes	_	4		h-4	4:4:		Yes			4 4 1	
that required the pro		termination that the property to avert death or seri				that require				nat the pregnant won th or serious impairs	
woman?						woman?					
Date last normal men	ses be	gan		Physicia	ın estimat	e of gestation (i	in weeks)		Post fer	rtilization age of the	fetus (in weeks)
How were the coststi		ge and post fertilization	n age determin	ped?		10				8	
ULTRASOUND	onai d	50 and post retuitzation	ii age ucicilliin	icu :							
Full name of physicia DR. CAROL DELLIN	_										
Address of physician	perfo	rming termination (num		t, city, stat	e, and zip	code)					
200 S. MERIDIAN S	ı, IN	DIANAPOLIS, IN 46	225								
**Date Reported to	o DC	S, if Patient under 1	6 (month, day,	year):						-	
DATE RECEIVE	D BY	ISDH (month, day, y	vear): 05/23/	2018						_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	wn, of pregna	•		County of pregnancy termination MARION		
Patient's age**	Marrie		Date of pregnancy term		Educat	tion				
27 Race	[	☐ Yes ■ No	05/18/20 <sup>-</sup>	18			Bach Ethnicity	elor's Degree		
American Indian Native Hawaiian Live Births:	or Othe		Asian Blac White Othe	k or Africar er	n American		■ Hispa	nanic or Latino Hispanic or Latino Unknown  0		
Other Termination	s: N	fumber of spontaneou	us terminations			Numb	per of induced termi	nations 0		
Dates of termination	s (Do no	ot include this termin	ation. If more than six (6)	), those mos	st recent.)			•		
I	2		3	4.			5	cation(s) of Pregnancy Termination		
Fetus delivered alive		If yes, length of ti	me ietus survived:				None None	Uterine Perforation		
								<u> </u>		
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag			
☐ Yes ■ 1	No						☐ Infection	Retained Products		
							Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■	No						Did this termination	on of pregnancy result in a maternal death?		
							103 11	0		
			Туре	of Termina	ation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	Medical (Nonsurgical) Mifepristone						rgical) Mifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu						dedical (Nonsurgical) Misoprostol dedical (Nonsurgical) Other (Specify)				
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical	(Surgic	al) Suction Curetta	ge.		
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
Medicai (Surgio	zai) Oui	er (specify)			Wiedicai	(Surgic	an) Omer (specify)			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab		ve a post fertilization	age at least 20 weeks?				able or have a post fertilization age at least 20 weeks?  ☐ No			
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.		
		st opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [					_	Yes [	_			
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
<u> </u>										
Date last normal me	_	an /12/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat			on age determined?					•		
ULTRASOUND										
Full name of physici DR. CAROL DELL	_	orming termination								
Address of physician	n perform	ning termination (nu	mber and street, city, stat	te, and zip c	ode)					
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 46	6225							
**D - D	, 500	CD :								
•			6 (month, day, year):				<del></del>	_		
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or to		ncy termination	Co	County of pregnancy termination  MARION			
Patient's age** Married Date of pregn.	ancy termination	Educa	tion					
	05/18/2018	Educa		Some Colleg	ge, No Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Mhite	☐ Black or Africa	n American	Unknown	Ethnicity Hispanic Not Hisp	or Latino anic or Latino	Unknown		
Live Births: Number now living 2			Number now d		0			
Other Terminations: Number of spontaneous terminations			Number of ind	uced termination				
Dates of terminations (Do not include this termination. If more the	han six (6), those mo	st recent.)			ı			
ı. <u>11/18/2017</u> 2. <u>2016</u> 3	4	•	5		6			
Fetus delivered alive?  Yes No  If yes, length of time fetus survive	ed:			_	n(s) of Pregnancy			
				None	☐ Uterine	e Perforation		
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	☐ Cervic	al Laceration		
☐ Yes ■ No				nfection	Retaine	ed Products		
		Other (Specify)						
Pathological examination performed?								
Yes No			Did this termination of pregnancy result in a maternal death?					
	☐ Yes	s • No						
Procedure that Torreignted Programme	Type of Termin			minetad D	onav			
Procedure that Terminated Pregnancy		_	ocedure that Ter		ancy			
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgical) N (Nonsurgical) N	/lisoprostol				
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) C	Other (Specify)				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Medical Medical	(Surgical) Sucti (Surgical) Mens	on Curettage	ın.			
Medical (Surgical) Medisular Aspiration  Medical (Surgical) Other (Specify)			(Surgical) Other		MI			
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) proced	lures, answer th	ne following quest	_ tion.		
Was the fetus viable or have a post fertilization age at least 20 v	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
Yes No		_	_		1-4- 4h - <b>f</b> -11			
If the previous question was answered yes, complete the following	ng questions.	_	_	-	omplete the follow	ving questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes  \text{No}	opportunity to	survive?			
What was the basis for determination that the pregnant woman	had a condition	What was th	ne basis for deter	mination that t	he pregnant wom:	an had a condition		
that required the procedure to avert death or serious impairmen woman?	t to the pregnant	that required woman?	d the procedure t	o avert death o	r serious impairm	ent to the pregnant		
		omair						
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fertiliz	zation age of the f	etus (in weeks)		
UNKNOWN	Tilysician estimate	9	n weeks)	1 ost leiting	7	ocus (in weeks)		
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	ed?							
Full name of physician performing termination								
DR. CAROL DELLINGER								
Address of physician performing termination (number and street 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	, city, state, and zip o	code)						
, ,, ,, ,,								
**Date Reported to DCS, if Patient under 16 (month, day,	*Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day, year): 05/23/2	2018			·				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town,						town, of pregna	ancy terr			County of pregnancy termination MARION
Patient's age**	Mai	ried No	Date of pregn	ancy term		Educa	ntion	н	igh Scho	ool Diploma or GED
Race American Indian	n or A		Asian			an American			Ethnicity	<u> </u>
Native Hawaiiar			White	Othe		an 7 merican		known er now d	Not I	Hispanic or Latino Unknown
Live Births:		Number of spontaneou	s terminations						uced termi	nations
Other Termination  Dates of termination		not include this termina	0	han six (6)	), those m	ost recent.)				1
12009		2				4		5		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ed:					•	cation(s) of Pregnancy Termination
						■ None  Uterine Perforatio				
Fetus viable?	No	If viable, medical i	reason for term	ination:		Hemorrhage Cervical Laceratio				
ies 📮	NO					☐ Infection ☐ Retained Products				
Pathological examin	nation	If yes, results:				Other (Specify)				
performed?						Did this termination of pregnancy result in a maternal death				
								Yes Yes		
Type of Termination Procedure										
D		I.D.		Туре	of Termi			.1 . =		
Procedure that Term						Additional Pr				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							(Nonsu	rgical) M	Aifepriston Aisoprostol	1
						Medical	(Nonsu	rgical) O	Other (Spec	ify)
- M 1: 1/6 :	1) 6	·					(C :	1) G .:		
Medical (Surgi	cal) N	uction Curettage Menstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curetta strual Aspi	
Medical (Surgi	cal) (	ther (Specify)				Medical	(Surgical	al) Other	r (Specify)	
Eor Madical (Surgic	no1) nn	ocedures, answer the fol	lowing questio	.n		For Madical	(Surgiae	1) proced	luras ansu	ver the following question
		nave a post fertilization	• 1			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?				
Yes			age at least 20	weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion w	as answered yes, compl	ete the following	ng question	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the following questions.
Was the fetus give ☐ Yes [		best opportunity to survi	ive?				us given Yes		opportunit	ty to survive?
		etermination that the pr	egnant woman	had a con	dition			_	mination t	hat the pregnant woman had a condition
		are to avert death or seri								ath or serious impairment to the pregnant
Date last normal me		-		Physicia	n estimat	e of gestation (	in weeks	:)	Post fe	ertilization age of the fetus (in weeks)
How were the gestar		03/31/2018 age and post fertilization	n age determin	ed?		10				8
ULTRASOUND		· 								
Full name of the '	ior -	rforming tormin-ti								
DR. CAROL DELL	_	rforming termination								
	-	orming termination (num		t, city, stat	e, and zip	code)				
	, •		-							
_		CS, if Patient under 1								_
DATE RECEIVE	ED B	Y ISDH (month, day, y	year):	2018						_

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	ddres	S 8590 GEORGETOWN ROAD	), INDIANAPOLIS,	IN, 46268	City or	town, of pregna	ancy terr			County of preg	nancy termination  MARION		
						INDIAI	1AF UL	.10		<u> </u>	MAINON		
Patient's age** 24	Mar	ried	Date of pregn	nancy term 05/18/20		Educa	tion			nelor's Degree			
Race American Indian Native Hawaiian			Asian White	■ Blac		an American	Un	known		y anic or Latino Hispanic or Latin	o 🔲 Unknown		
Live Births:		Number now living	0				Numb	er now d		0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termi	nations 0			
		not include this termine					l						
Fetus delivered alive		If yes, length of tir				4		5 6 Complication(s) of Pregnancy Termination					
Yes N		if yes, length of th	ne retus surviv	cu.				<b>1</b>		_	terine Perforation		
							ervical Laceration						
Fetus viable?  Yes  N	No.	If viable, medical	reason for term	ination:			etained Products						
	10												
Pathological examina	ation	If yes, results:				Other (Specify)							
performed?		ir yes, resuits.						=			<del></del> .		
☐ Yes ■ 1	No					Did this termination of pregnancy result in a maternal death  Yes No							
				Туре	of Termi	nation Procedu	res						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy													
Medical (Nonsu	☐ Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsu☐ Medical (No		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)											
■ Medical (Surgical) Suction Curettage													
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspi r (Specify)	ration			
	., -	(- <u>F</u> 33)					(	.,	(-1 - 35)				
For Medical (Surgical	al) nro	ocedures, answer the fol	lowing questic	n .		For Medical	(Surgice	al) proced	lures answ	ver the following	question		
	_	ave a post fertilization								Č	•		
Yes •			age at least 20	weeks.		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous questi	ion w	as answered yes, compl	ete the following	ng questio	ons.	If the previou	revious question was answered yes, complete the following questions.						
		pest opportunity to surv	ive?						opportuni	ty to survive?			
☐ Yes ☐	_						Yes [	_					
that required the pr		etermination that the pr re to avert death or seri				that require					woman had a condition pairment to the pregnant		
woman?						woman?							
Data 1t	1			Di-		o of		~)			the feture (in a 1 )		
Date last normal men	C	3/15/2018			ııı estimat	e of gestation (	ın weeks	s <i>)</i>	Post fe	aunzation age of	the fetus (in weeks)  6		
	ional	age and post fertilizatio	n age determin	ed?					•				
ULTRASOUND													
Full name of physician performing termination													
DR. CAROL DELLI	NGE	R	, .		, ,	7.							
	-	orming termination (nun		t, city, stai	te, and zip	code)							
		·											
**Date Reported t	o DC	CS, if Patient under 1	6 (month, day,	year):						_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAP	OLIS, IN, 46268	r town, of pregna	ncy termination	County of pregnancy termination MARION	County of pregnancy termination MARION					
Patient's age**  18	oregnancy termination 05/18/2018	Educat	tion	Some College, No Degree Ethnicity						
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White	■ Black or Afri □ Other	ican American	Unknown	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown	own					
Live Births: Number now living	0		Number now d	eceased <b>0</b>						
Other Terminations: Number of spontaneous terminat	ions		Number of ind	aced terminations						
Dates of terminations (Do not include this termination. If m	ore than six (6), those r	nost recent.)	5.	6.						
Fetus delivered alive? If yes, length of time fetus si	ırvived:			Complication(s) of Pregnancy Termination						
☐ Yes ■ No			1 <b>•</b> 1	Ione Uterine Perforation						
			— п	Iemorrhage						
Fetus viable? If viable, medical reason for	termination:			nfection Retained Products						
l les E No				_						
				Other (Specify)						
Pathological examination performed?  If yes, results:										
☐ Yes ■ No			Did this	termination of pregnancy result in a materna No	ıl death?					
				<u>-</u> 140						
Type of Termination Procedures										
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Pregnancy						
■ Medical (Nonsurgical) Mifepristone										
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
ivedical (volisalgical) Other (specify)		Wiedlean	(Ivonsuigical)	ther (Speedy)						
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens							
Medical (Surgical) Other (Specify)			(Surgical) Other							
For Medical (Surgical) procedures, answer the following qu	estion.	For Medical (	Surgical) proced	ures, answer the following question.						
Was the fetus viable or have a post fertilization age at leas  ☐ Yes ☐ No	at 20 weeks?		us viable or have Yes	a post fertilization age at least 20 weeks?						
If the previous question was answered yes, complete the fol	lowing questions.	If the previou	s question was a	nswered yes, complete the following question	ıs.					
Was the fetus given the best opportunity to survive?		Was the fetu	us given the best	opportunity to survive?						
☐ Yes ☐ No			res 🗌 No	,						
What was the basis for determination that the pregnant we that required the procedure to avert death or serious impai				mination that the pregnant woman had a conc o avert death or serious impairment to the pre						
woman?	iment to the pregnant	woman?	a me procedure t	a avert death of serious impairment to the pre	egnant					
Date last normal menses began	Physician estima	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in week	s)					
03/23/2018		7		5						
How were the gestational age and post fertilization age dete	rmined?									
	ULTRASOUND									
Full name of physician performing termination										
DR. CAROL DELLINGER										
Address of physician performing termination (number and a 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	street, city, state, and zi	ip code)								
**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age**									
Rance   American Indian or Alaska Native   Asian   Black or African American   Unknown   Hispanic or Latino   Unknown   Native Hawaiian or Other Pacific Islander   White   Other   Other Other Specific Islander   Unknown   Number now living   Number now living   Number of spontaneous terminations   Number of spontaneous terminations   Number of induced terminations   Outher Specific   Outher Specific									
Live Births:									
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)    2018									
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)    2018									
Fetus delivered alive?    Yes   No									
Yes   No     None   Uterine Perforation   Hemorrhage   Cervical Laceration   Hemorrhage   Cervical Laceration   Infection   Retained Products   Other (Specify)									
Fetus viable?   Yes  No									
Fetus viable?									
Pathological examination performed?    Yes   No									
Pathological examination performed?    Yes   No   Did this termination of pregnancy result in a maternal death?									
Procedure that Terminated Pregnancy  ■ Medical (Nonsurgical) Misoprostol  ■ Medical (Nonsurgical) Misoprostol  ■ Medical (Nonsurgical) Other (Specify)  ■ Medical (Nonsurgical) Other (Specify)									
Type of Termination Procedures  Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)  Medical (Nonsurgical) Other (Specify)									
Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)  Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
■ Medical (Nonsurgical) Mifepristone									
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)									
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction Curettage									
L. I. Medical (Surgical). Suction Curettage.									
Medical (Surgical) Suction Caretrage   Medical (Surgical) Suction Caretrage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No  Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No									
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.									
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No  Was the fetus given the best opportunity to survive? ☐ Yes ☐ No									
What was the basis for determination that the pregnant woman had a condition  What was the basis for determination that the pregnant woman had a condition									
that required the procedure to avert death or serious impairment to the pregnant woman?  that required the procedure to avert death or serious impairment to the pregnant woman?									
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)									
01/31/2018 8 6									
How were the gestational age and post fertilization age determined?  ULTRASOUND									
Full name of physician performing termination  DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, state, and zip code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									

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Facility Name and Addre	ess	Ci	ty or town, of pregn	ancy termination	ı	County of pregnancy termination			
PPIN-GEÓRGETOWN OR (PPGI	) - 8590 GEORGETOWN ROAD, INDIAN	NAPOLIS, IN, 46268		NAPOLIS		MARION			
Patient's age** Ma	arried Date	of pregnancy terminati	on Educ		High Scho	ol Diploma or GED			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander 🔲 Wh	=	African American	Unknown	☐ Not I	nic or Latino Hispanic or Latino			
Live Births:	Number now living	0		Number now		0			
Other Terminations:	Number of spontaneous termi	1		Number of in	duced termin	nations 0			
Dates of terminations (Do	o not include this termination. Į	* **	,						
Fetus delivered alive?	If yes, length of time fetu		4	5	Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ No	, , ,				None	☐ Uterine Perforation			
					Hemorrhag	e			
Fetus viable?  Yes No	If viable, medical reason	for termination:			Infection	☐ Retained Products			
					Other (Spec				
Pathological examination	ı If yes, results:				( ap 1 a	-927			
performed?  Yes No				Did th	is terminativ	on of pregnancy result in a maternal death?			
163 🖾 100				□ Ye		1 0 3			
		Type of T	Termination Procedu	ıres					
Procedure that Terminate	ed Pregnancy		Additional F	Procedure that Te	rminated Pr	regnancy			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical				l (Nonsurgical)					
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)									
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage									
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		☐ Medica	l (Surgical) Mer l (Surgical) Oth	istrual Aspii er ( <i>Specify)</i>	ration			
For Medical (Surgical) p	rocedures, answer the following	question.	— For Medical	(Surgical) proce	dures, answ	er the following question.			
	have a post fertilization age at l	•				ilization age at least 20 weeks?			
Yes N		oust 20 Woods.		Yes No	e u post ieit	memon ago at roust 20 woods?			
If the previous question v	was answered yes, complete the	following questions.	If the previo	us question was	answered ye	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive?			tus given the bes	t opportunit	ry to survive?			
		1 1 12		_		1.1 12			
that required the proceed	determination that the pregnant lure to avert death or serious im		nt that require			hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?			woman?						
Dili	1	DI ··		(: I )	l n . c				
Date last normal menses	03/19/2018	Physician es	timate of gestation (	(in weeks)	Post fe	rtilization age of the fetus (in weeks)  6			
How were the gestational age and post fertilization age determined?									
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
	Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to D	OCS, if Patient under 16 (mor	ath, day, year):				-			
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or to		ncy termination	(	County of pregnancy termination MARION				
19	ancy termination	Educa	tion		ege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or Africa Other	n American	Unknown Number now		c or Latino panic or Latino	Unknown			
Number of sportaneous terminations			Number of inc		0				
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more the	han six (6) those ma	est recent )	Trumber of me	deca terrima	0				
1 2 3 3	4		5		6				
Fetus delivered alive? If yes, length of time fetus survivo	ed:			Complicati	on(s) of Pregnancy	Termination			
☐ Yes ■ No			■	None	☐ Uterine	Perforation			
Fetus viable? If viable, medical reason for term	ination:		<b>─</b> □	Hemorrhage	☐ Cervica	al Laceration			
Yes No	marion.			Infection	☐ Retaine	ed Products			
				Other (Specify	·)				
Pathological examination If yes, results:									
performed?  Yes No			Did thi ☐ Ye		of pregnancy result	in a maternal death?			
	Type of Termin	ation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Preg	nancy				
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol									
Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		)				
■ Medical (Surgical) Suction Curettage									
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Medical	(Surgical) Men (Surgical) Othe	strual Aspirat	ion				
Medical (Surgicial) Sales (Specify)			(Burgicur) Our	or (Speedy)					
E M II 1/2 i D			.d . 1)	1	4 6 11	<del>.</del>			
For Medical (Surgical) procedures, answer the following question					the following quest				
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?		us viable or hav Yes 🔲 No	e a post fertili:	zation age at least 2	0 weeks?			
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes,	complete the follow	ving questions.			
Was the fetus given the best opportunity to survive?		Was the fet	us given the bes	t opportunity t	o survive?				
Yes No		<u> </u>	Yes No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen					the pregnant women or serious impairm				
woman?	t to the pregnant	woman?	a the procedure	to avert death	or serious impuirin	ent to the pregnant			
Date last normal menses began 02/14/2018	Physician estimate	of gestation (i	n weeks)	Post ferti	ization age of the f	etus (in weeks)			
How were the gestational age and post fertilization age determine	ed?	14			10				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street,	, city, state, and zip	code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year): 05/23/2	2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP		590 GEORGETOWN ROAL	), INDIANAPOLIS,	IN, 46268	City or t	own, of pregna	•			County of pregnancy termination MARION		
Patient's age** 30 Race	Marrie [	d Yes No	Date of pregna	ancy termi 05/18/201		Educa	tion	Hi	igh Scho	ool Diploma or G	ED	
☐ American Indian of ☐ Native Hawaiian of			Asian White	☐ Black		an American	ПП	ıknown	☐ Hispa	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		umber now living	2	Oulei				per now de		0	Chkhown	
Other Terminations:	N	umber of spontaneou					Numb	per of indu	iced termi			
Dates of terminations ( 1. <b>05/17/2017</b>			ation. If more th			ost recent.) 4. <b>2016</b>		5 <b>_2</b>	007	6		
Fetus delivered alive?		If yes, length of tin	ne fetus survivo	ed:					Complic	cation(s) of Pregnan	cy Termination	
Yes No	)							■ N	Ione	☐ Uter	ine Perforation	
Fetus viable?		If viable, medical	reason for term	ination:				□н	Iemorrhag	e Cerv	vical Laceration	
☐ Yes ■ No	)							☐ Infection ☐ Retained Products				
									Other (Spec	cify)		
Pathological examinati performed?	ion	If yes, results:										
Yes No	O							Did this			ult in a maternal death?	
										- 		
				Туре	of Termi	nation Procedu	res					
Procedure that Termina	ated P	regnancy				Additional Pr	ocedur	e that Terr	minated Pr	regnancy		
Medical (Nonsurg	gical)	Mifepristone				☐ Medical	(Nonsu	ırgical) M	Iifepriston	e		
									lisoprostol ther (Spec			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage												
	) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Mens	trual Aspi			
Medical (Surgical	) Otn	er (Specify)				Medical	(Surgic	al) Other	(Ѕресіƒу)			
For Medical (Surgical)	proce	edures, answer the fol	lowing question	n.		For Medical	Surgica	al) proced	ures, answ	ver the following qu	estion.	
Was the fetus viable ☐ Yes ☐	or hav					Was the fet		le or have		tilization age at leas		
If the previous question		answered ves compl	ete the followir	ng anestion	15	_		_	nswered v	es, complete the fol	lowing questions	
Was the fetus given t				is question		_	_		-	ty to survive?	iowing questions.	
Yes		or opportunity to surv	.,				Yes [		оррогия	ij to sarvive.		
What was the basis for that required the proof											oman had a condition	
woman?			T	III	8	woman?	p-				F8	
Date last normal mense	_	an <b>06/2018</b>		Physician	n estimat	e of gestation (i	in week.	s)	Post fe	ertilization age of th		
How were the gestation			n age determin	ed?								
ULTRASOUND												
Full name of physician	perfo	rming termination										
DR. CAROL DELLIN	GER					_						
Address of physician p 200 S. MERIDIAN ST		-		, city, state	, and zip	code)						
	,											
**Date Reported to	DCS	, if Patient under 1	6 (month, day,	year):						_		
DATE RECEIVED	BY	ISDH (month, day,	year):05/23/2	2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad- PPIN-GEORGETOWN OR (PI		8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46	City or	town, of pregna	•			County of pregnancy termination  MARION			
	Marr		Date of pregnancy		Educa	tion		Somo Oct	logo Na D			
Race American Indian o		-	Asian	Black or Afri	can American		known	Ethnicity  Hispan	lege, No Do		☐ Unknown	
Live Births:		Number now living		Other			er now d		0 0	шо	Clikilowii	
Other Terminations:		Number of spontaneou				Numb	er of ind	uced termin				
Dates of terminations	(Do 1	not include this termina	ution. If more than s	six (6), those n	nost recent.)				0			
1		2			4		5					
Fetus delivered alive?  Yes No		If yes, length of tin	ne fetus survived:				_	•	tion(s) of Pro		Termination	
							• N	None	Ц	Uterine	Perforation	
Fetus viable?		If viable, medical r	eason for termination	on:			☐ I	Hemorrhage		Cervica	al Laceration	
☐ Yes ■ No	0						☐ I	nfection		Retaine	ed Products	
								Other (Speci	fy)			
Pathological examinat performed?	ion	If yes, results:										
Yes No	О						Did this			cy result	in a maternal death	?
Type of Termination Procedures												
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
Medical (Nonsurger	gical)	Mifepristone			☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////				
■ Medical (Nonsurgical) Misoprostol  □ Medical (Nonsurgical) Misoprostol  □ Medical (Nonsurgical) Other (Specify)  □ Medical (Nonsurgical) Other (Specify)												
Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)												
☐ Medical (Surgical Medical (Surgical		ction Curettage enstrual Aspiration				(Surgic	al) Mens	on Curettag strual Aspira				
☐ Medical (Surgical	l) Ot	her (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical)	) pro	cedures, answer the fol	lowing question.		For Medical	Surgica	ıl) proced	lures, answe	r the followi	ng quest	ion.	
Was the fetus viable ☐ Yes ☐		we a post fertilization a	nge at least 20 week	as?		us viabl Yes [		a post ferti	ization age a	t least 2	0 weeks?	
If the previous questio	n wa	s answered yes, comple	ete the following qu	uestions.	If the previou	s questi	on was a	nswered yes	s, complete th	ne follov	ving questions.	
Was the fetus given □ Yes □		est opportunity to survi	ve?			us given Yes [		opportunity	to survive?			
		termination that the pro-									nn had a condition	
woman?	cedui	e to avert death or seri	ous impairment to t	the pregnant	woman?	d the pro	ocedure t	o avert deat	n or serious i	mpairm	ent to the pregnant	
Date last normal mens	es be	gan	Ph	ysician estima	te of gestation (i	n weeks	s)	Post fer	tilization age	of the fe	etus (in weeks)	
TT		3/15/2018			8					6		
How were the gestational age and post fertilization age determined?  ULTRASOUND												
Full name of physician	n peri	Forming termination										_
DR. CAROL DELLIN			.1									
Address of physician p  200 S. MERIDIAN S		-		v, state, and zip	p coae)							
**Date Reported to	**Date Reported to DCS, if Patient under 16 (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PPIN-GEORGETOWN OR		90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t		ncy termination	County of pregnancy termination MARION					
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion						
27		Yes No	05/18/20					ollege, No Degree				
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Other		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	5			Number of inc		0 inations				
Other Termination	15.	•	ation. If more than six (6	1 41.000		runnoer or me	ideed term	1				
01/2018	1S ( <i>Do no</i>		ation. If more than six (0)			5		6				
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No					■	None	☐ Uterii	ne Perforation			
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes •	No	ii viaoie, medicar	reason for termination.				Infection	☐ Retain	ned Products			
							Other (Specify)					
Pathological examin	nation	If yes, results:										
performed?	No					Did th	is terminati	on of pregnancy resu	It in a maternal death?			
						☐ Ye						
			Туре	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy				
☐ Medical (Nonsi				Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol								
Medical (Nonsi					(Nonsurgical)							
■ Medical (Surgical) Suction Curettage												
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mer (Surgical) Othe						
For Medical (Surgic	al) proce	dures answer the fo	llowing question		For Medical (	(Surgical) proce	dures ansv	ver the following que	 stion			
	_		age at least 20 weeks?					tilization age at least				
Yes		e a post fertifization	age at least 20 weeks:			Yes No	e a post rei	unzauon age at least	20 weeks:			
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.			
		st opportunity to surv	vive?			us given the bes	t opportuni	ty to survive?				
☐ Yes [	_ No					Yes No						
			regnant woman had a con ious impairment to the pr					that the pregnant won				
woman?			r		woman?	1		T.	r			
					<u> </u>							
Date last normal me	_	an <b>05/2018</b>	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestar			on age determined?		13			11				
ULTRASOUND												
	Full name of physician performing termination  DR. CAROL DELLINGER											
		ning termination (nu	mber and street, city, stat	te, and zip	code)							
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									
**D . D	4- DCC	if D-41										
-			6 (month, day, year):					_				
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):05/23/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PPIN-GEORGETOWN OR (P			D, INDIANAPOLIS	, IN, 46268	City or t	town, of pregna	•		County of pregnancy termination MARION			
Patient's age**	Marı	ied ■ Yes □ No	Date of pregr	nancy tern <b>05/18/20</b>		Educa	tion		Rach	elor's Degree		
Race American Indian of	or Al		Asian			an American			Ethnicity  Hispa	nnic or Latino		
☐ Native Hawaiian o		ner Pacific Islander Number now living	White	Oth	er			nknown ber now d		Hispanic or Latino	Unknown	
		Number of spontaneou	2 is terminations	<u> </u>			Numl	ber of indu	uced termin	nations		
Other Terminations:  Dates of terminations	•	•	0		) those m	ost recent.)				0		
		2	•	,		*		5				
Fetus delivered alive?		If yes, length of tin	me fetus surviv	ved:			y Termination					
les e ivi	U						☐ Uterii	ne Perforation				
Fetus viable?		If viable, medical	reason for tern	nination:		Hemorrhage Cervical Lacerat						
☐ Yes ■ No	O	,				☐ Infection ☐ Retained Products						
							☐ Other (Specify)					
Pathological examinat performed?	tion	If yes, results:										
Yes N	Ю										lt in a maternal death?	
								Yes	s 🔳 No	)		
				· · ·	-tm :							
December 1		D		Туре	oi Termi	nation Procedu		- 41- 1 m				
Procedure that Termin						Additional P				•		
☐ Medical (Nonsurg												
Medical (Nonsur		☐ Medical	(Nonsu	ırgical) O	ther (Speci	ify)						
■ Medical (Surgical) Suction Curettage       □ Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration       □ Medical (Surgical) Menstrual Aspiration												
Medical (Surgica						Medical	(Surgio	cal) Other	(Specify)	ation		
For Medical (Surgical	) pro	cedures, answer the fol	llowing questi	on.		For Medical	(Surgic	al) proced	ures, answ	er the following que	stion.	
Was the fetus viable ☐ Yes ■		ave a post fertilization	age at least 20	weeks?				ble or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous question	_		lete the followi	ng questio	ons.	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.						
Was the fetus given ☐ Yes ☐		est opportunity to surv	rive?				us give Yes [		opportunit	y to survive?		
				1 1	11	_					1 1 12	
that required the pro-		etermination that the properties to avert death or serious				that require				nat the pregnant won th or serious impair	nan had a condition ment to the pregnant	
woman?						woman?						
Data last marris-1	300 L	ogon		Di	on action of	o of gostation /	in1		Post f	etilization and of all	fotus (ina.l.a)	
Date last normal mens	0	3/18/2018			an esumat	e of gestation (	ın week	s)	Post Iei	rtilization age of the	icius ( <i>in weeks)</i>	
How were the gestation	onal a	ge and post fertilization	n age determin	ned?					•			
ULTRASOUND												
Full name of physician	n per	forming termination										
DR. CAROL DELLIN	NGE	₹										
Address of physician p 200 S. MERIDIAN S	_	-		et, city, sta	te, and zip	code)						
**Date Reported to										-		
DATE RECEIVE	D BY	ISDH (month, day,	year):	/2018						_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDIANAPOLIS	egnancy termination MARION								
Patient's age**									
20 Yes No 05/18/2018 High School Diploma or	r GED								
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living Number now living  I Black or African American Other Other  Unknown Number now deceased Number now deceased  Number now deceased  O	ino Unknown								
Other Terminations: Number of spontaneous terminations 0 Number of induced terminations									
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)									
1. 01/16/2018 2. 3. 4. 5. Complication(s) of Preg	gnancy Termination								
Yes No	Uterine Perforation								
Fetus viable? If viable, medical reason for termination:	Cervical Laceration								
☐ Yes ■ No ☐ Infection ☐ F	Retained Products								
☐ Other (Specify)									
Pathological examination									
performed?  Performed?  Did this termination of pregnancy									
Tes ■ No Did this termination of pregnancy    Yes ■ No	Did this termination of pregnancy result in a maternal death?  Yes No								
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone									
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol									
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)	in the state of th								
Medical (Surgical) Suction Curettage  Medical (Surgical) Suction Curettage  Medical (Surgical) Medical (Surg									
☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)									
E-M-Ji-1 (Comiss)									
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following									
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No  Was the fetus viable or have a post fertilization age at ☐ Yes ☐ No	least 20 weeks?								
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the	e following questions.								
Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?									
☐ Yes ☐ No ☐ Yes ☐ No									
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant.									
woman? woman?	1								
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of	of the fetus (in weeks)								
03/25/2018 8	6								
How were the gestational age and post fertilization age determined?  ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

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Facility Name and A PPIN-GEORGETOWN OR		RGETOWN ROA	.D, INDIANAPOLIS, IN,	l, 46268	City or town, of pregnancy termination INDIANAPOLIS					nty of pregnancy termination  MARION			
Dationt's **	Π		Data -f -		ation	17.1	tion.						
Patient's age**  19	Married Yes	s • No	Date of pregnan  05	icy termina 5/18/2018		Educa	tion	Some (	College	e, No Degree			
Race American Indiar Native Hawaiiar Live Births:	or Other Pacif			☐ Black o ■ Other	or African A	American			panic of	r Latino nic or Latino Unknown  0			
Other Termination	Number	of spontaneo	us terminations 0				Numb	per of induced terr	nination	0 0			
Dates of termination	ıs (Do not inclu					recent.)							
Fetus delivered alive			me fetus survived		4			Comp  None	lication	(s) of Pregnancy Termination  Uterine Perforation			
F	TC ·	11 1' 1	· ·					Hemorrha	ıge	☐ Cervical Laceration			
Fetus viable?  Yes		able, medical	reason for termina	iation:				☐ Infection		☐ Retained Products			
								Other (Sp	ecify)	_			
Pathological examin	nation If ye	es, results:							cc.g,y,				
performed?		,						<del></del>					
☐ Yes ■	NO							Did this termina  ☐ Yes  ■		pregnancy result in a maternal death?			
				Type of	f Terminatio	on Procedu	res						
Procedure that Term	ninated Pregnan	су			Ac	dditional Pı	ocedure	e that Terminated	Pregnar	су			
☐ Medical (Nonst								rgical) Mifepristo					
☐ Medical (Nonsurgical) Misoprostol ☐ ☐							☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Nonsuiglear) Giller (specify)													
Medical (Survival) Systian Curattons													
■ Medical (Surgical) Suction Curettage          □ Medical (Surgical) Suction Curettage          □ Medical (Surgical) Menstrual Aspiration          □ Medical (Surgical) Menstrual Aspiration													
Medical (Surgio	cal) Other (Spe	ecify)				Medical	(Surgic	cal) Other (Specify	?)				
For Medical (Surgic	al) procedures,	answer the fo	ollowing question.		Fo	or Medical	(Surgica	al) procedures, ans	wer the	following question.			
Was the fetus viab ☐ Yes [		st fertilization	age at least 20 we	eeks?	\		us viabl Yes [		ertilizati	on age at least 20 weeks?			
If the previous quest	tion was answer	red yes, comp	lete the following	questions.	. If	the previou	s quest	ion was answered	yes, coı	mplete the following questions.			
Was the fetus give ☐ Yes [		ortunity to sur	vive?		,		us givei Yes [	n the best opportui	nity to s	urvive?			
What was the basis	s for determina	tion that the p	regnant woman ha	ad a condit	tion V	What was tl	he basis	for determination	that the	e pregnant woman had a condition			
that required the programmer woman?					nant t					serious impairment to the pregnant			
woman:					'	Ommii							
Date last normal me	nses hegan			Physician	estimate of	gestation (	in wook	g) Poet	fertiliza	tion age of the fetus (in weeks)			
	03/14/20	-		-	OI	<b>8</b>	IFECK	1 03t		6			
How were the gestat ULTRASOUND	tional age and p	oost fertilizati	on age determined	1?									
Foll C 1 1 1	ion mf :	tomorio di											
Full name of physics DR. CAROL DELL		termination											
Address of physician		,		city, state,	and zip cod	'e)							
200 S. MERIDIAN	SI, INDIANA	POLIS, IN 4	6225										
**Date Reported	to DCS if Pa	tient under	16 (month day	ear):									
_													
DATE RECEIVE	ED BY ISDH	(month, day,	year):	J 10									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		GETOWN ROA	D, INDIANAPOLIS, IN, 462	City or	r town, of pregna	-		County of pregnancy termination MARION		
Dationt's **			Data of	amai	l mi	tio				
Patient's age** 20	Married Yes	■ No	Date of pregnancy t  05/18		Educa	ition	Some Co	ollege, No Degree		
Race American Indiar Native Hawaiiar Live Births:		Islander		Black or Afri Other	ican American			y anic or Latino Hispanic or Latino  Unknown		
Other Termination	Number o	f spontaneo	us terminations 0			Numb	per of induced termi	-		
	ıs (Do not include	e this termin	nation. If more than si.	x (6), those 1	most recent.)			ı		
1. 2016	1		3		4		5	6		
Fetus delivered alive		, length of ti	me fetus survived:				_	cation(s) of Pregnancy Termination		
							■ None	☐ Uterine Perforation		
Fetus viable?	If vial	ble, medical	reason for terminatio	n:			Hemorrhag	ge Cervical Laceration		
☐ Yes ■	No						☐ Infection	☐ Retained Products		
							Other (Spe	cify)		
Pathological examin performed?	ation If yes,	, results:								
Yes •	No						Did this terminati Yes N	on of pregnancy result in a maternal death?		
								7		
			Т	ype of Term	nination Procedu	res				
Procedure that Term	inated Pregnancy	y			Additional P	rocedure	e that Terminated P	regnancy		
	argical) Mifepris						rgical) Mifepristor			
■ Medical (Nonsurgical) Misoprostol							rgical) Misoprosto			
Medical (Nonsaiglear) Giller (specify)								•••		
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Menstrual A	spiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgio	cal) Other (Speci	ify)			Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	al) procedures, a	nswer the fo	llowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.		
Was the fetus viab ☐ Yes [		fertilization	age at least 20 weeks	?		us viabl Yes [		tilization age at least 20 weeks?		
If the previous quest	tion was answere	d yes, comp	lete the following que	estions.	If the previou	ıs questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		unity to sur	vive?			us giver Yes [	n the best opportuni  No	ty to survive?		
What was the basis	s for determination	on that the p	regnant woman had a	condition	What was t	he basis	for determination t	hat the pregnant woman had a condition		
			ious impairment to th					ath or serious impairment to the pregnant		
woman:					woman:					
Date last normal me	nses hegan		Phys	sician estima	ate of gestation (	in week	g) Post fa	ertilization age of the fetus (in weeks)		
	03/20/2018	-			8		703110	6		
How were the gestat ULTRASOUND	tional age and pos	st fertilizatio	on age determined?							
P.11 ^ :										
Full name of physics DR. CAROL DELL		ermination								
Address of physician	n performing term	*	mber and street, city,	state, and zi	ip code)					
200 S. MERIDIAN	ST, INDIANAP	OLIS, IN 4	6225							
**D-4- B	**Date Reported to DCS, if Patient under 16 (month, day, year):									
_				·				_		
DATE RECEIVE	ED BY ISDH (	month, day,	<i>year</i> ):05/23/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address INDIANAPOLIS  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination INDIANAPOLIS  MARION								
Patient's age** Ma	arried Date of preg	nancy termination	Educa						
28	anned -	05/18/2018				ege, No Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander  White	☐ Black or Afric	can American	Unknown		c or Latino  panic or Latino  Unknown			
Live Births:	Number now living 1			Number now d		0			
Other Terminations:	Number of spontaneous terminations 1			Number of ind	uced terminat	tions 0			
Dates of terminations (D	o not include this termination. If more		ost recent.)	-					
Fetus delivered alive?	If yes, length of time fetus surviv		4	5		ion(s) of Pregnancy Termination			
☐ Yes ■ No				1	None	☐ Uterine Perforation			
				— п	Hemorrhage	☐ Cervical Laceration			
Fetus viable?  Yes No	If viable, medical reason for terr		nfection	Retained Products					
165 110	_								
Pathological examination	n If yes, results:				Other (Specify	()			
performed?	ir yes, results.								
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No									
			·						
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgic	al) Mifepristone		☐ Medical	(Nonsurgical) M	// difepristone				
Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
- Wedlear (Fromsurgie	ary other (specify)		Wiediedi	(Tronsargical)	other (speegy	,			
Madical (Committee)	Section County			(Ci1) Ci	C				
	Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens	strual Aspirat				
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) p	rocedures, answer the following questi	on.	For Medical	(Surgical) proced	lures, answer	the following question.			
Was the fetus viable or Yes N	have a post fertilization age at least 20 No	weeks?		us viable or have Yes  No	a post fertili	zation age at least 20 weeks?			
	was answered yes, complete the follow	ing questions	If the previou	is question was a	nswered ves	complete the following questions.			
1	• • •	ing questions.		•	·				
Yes N	e best opportunity to survive? No			us given the best Yes  No	opportunity	to survive?			
	determination that the pregnant woman					the pregnant woman had a condition			
that required the proceed woman?	dure to avert death or serious impairme	nt to the pregnant	that require woman?	d the procedure t	o avert death	or serious impairment to the pregnant			
Date last normal menses	began	Physician estimat	te of gestation (i	in weeks)	Post ferti	lization age of the fetus (in weeks)			
TT d	03/25/2018	10	7			5			
ULTRASOUND	l age and post fertilization age determine	ied (							
<u> </u>									
	Full name of physician performing termination								
DR. CAROL DELLING	<b>ER</b> forming termination (number and stree	ot city state and six	n code)						
	INDIANAPOLIS, IN 46225	., eng, siaic, ana 4t <sub>f</sub>	· coucy						
**Date Reported to D	OCS, if Patient under 16 (month, day	, year):							
DATE RECEIVED I	BY ISDH (month, day, year): 05/23	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION		
	T								
Patient's age** 33	Married ☐ Yes ■ No	Date of pregnancy term <b>05/16/20</b> 1		Educa	tion		ol Diploma or GED		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		n American	Un		nnic or Latino Hispanic or Latino		
Live Births:	Number now living	4			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 1		Number of induced terminations 0					
Dates of termination	ns (Do not include this termin	*		st recent.)					
Fetus delivered alive		me fetus survived:	4	•		5 Complic	cation(s) of Pregnancy Termination		
Yes •	3,	me retus sur vivea.				■ None	☐ Uterine Perforation		
					☐ Hemorrhag	_			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:			☐ Infection	Retained Products			
l les 🕒	NO					_	_		
Pathological examir	nation If yes, results:		Other (Specify)						
performed?	iation if yes, results.								
☐ Yes ■	No					Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?		
	•								
		Туре	of Termin	ation Procedur	res				
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)		
■ Medical (Surgi	cal) Suction Curettage				(Surgic	al) Suction Curetta	ge .		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgi	cai) Other ( <i>Specify</i> )			☐ Medical	(Surgic	al) Other (Specify)			
	cal) procedures, answer the fo				_	-	er the following question.		
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?		
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportunit	ey to survive?		
☐ Yes [				_	Yes [	_			
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
						, 1			
Date last normal me	enses began UNKNOWN	Physicia	an estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  8		
	tional age and post fertilization	on age determined?				<u> </u>			
ULTRASOUND									
Full name of physic	Full name of physician performing termination								
DR. CAROL DELL	INGER								
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip	code)					
200 G. WERIDIAN	., INDIANAFULIS, IN 4								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/23/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	wn, of pregna	•		Cou	unty of pregnancy termination  MARION		
Patient's age** Ma	arried	Date of pregnancy term <b>05/16/20</b>		Educat	tion		Unkn	Own		
Race American Indian or A	Alaska Native [		ck or Africa	n American		■ H	icity Hispanic o			
Live Births:	Number now living	<u> </u>	νı			er now decease		0		
Other Terminations:	Number of spontaneous				Number of induced terminations					
0 1	o not include this termina	tion. If more than six (6	), those mos	st recent.)				0		
1	2	3	4.			5		6		
Fetus delivered alive?  Yes No	If yes, length of tin	ne fetus survived:				Cor	nplication	(s) of Pregnancy Termination		
163 2 10						None		☐ Uterine Perforation		
Fetus viable?	If viable, medical r	eason for termination:				Hemor	rhage	☐ Cervical Laceration		
Yes No	in vincin, incurent	<b>Custor</b> for <b>to</b>				☐ Infection	on	☐ Retained Products		
						Other (	Specify)			
Pathological examination	n If yes, results:									
performed?  Yes No						Did this termi	nation of	pragnancy result in a meternal death?		
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Terminate	ed Pregnai	ncy		
☐ Medical (Nonsurgic	al) Mifenristone			☐ Medical	(Nonsiii	rgical) Mifepri	stone			
☐ Medical (Nonsurgic	al) Misoprostol			■ Medical	(Nonsu	rgical) Misopr	ostol			
Medical (Nonsurgic	al) Other (Specify)			☐ Medical	(Nonsui	rgical) Other (	Specify)			
Medical (Surgical)	Suction Curettage Menstrual Aspiration			Medical	(Surgice	al) Suction Cu al) Menstrual	rettage			
Medical (Surgical)				Medical	(Surgica	al) Other (Spec	rify)			
For Medical (Surgical) p	rocedures, answer the following	lowing question.		For Medical (	Surgica	1) procedures, a	answer the	e following question.		
	have a post fertilization a				_	_		ion age at least 20 weeks?		
Yes I N		igo at least 20 weeks.			res [		rerunzau	ton age at least 20 weeks.		
If the previous question v	was answered yes, comple	ete the following question	ons.	If the previou	s questi	on was answer	ed yes, co	mplete the following questions.		
Was the fetus given the	best opportunity to survi	ve?		Was the fetu	us given	the best oppor	tunity to s	survive?		
☐ Yes ☐ N				☐ Y	Yes [	No				
	determination that the produce to avert death or serio							e pregnant woman had a condition		
woman?	dure to avert death or serio	ous impairment to the pi	regnant	woman?	a the pro	ocedure to aver	t death of	serious impairment to the pregnant		
Date last normal menses	began	Physicia	an estimate	of gestation (i	n weeks	) Po	st fertiliza	ation age of the fetus (in weeks)		
	03/19/2018			8				6		
How were the gestationa ULTRASOUND	l age and post fertilization	age determined?								
Full name of physician p	erforming termination									
DR. CAROL DELLING	ER									
Address of physician per <b>200 S. MERIDIAN ST</b> ,	forming termination (nun		te, and zip c	rode)						
**Date Reported to D	*Date Reported to DCS, if Patient under 16 (month, day, year):									
•										
DATE RECEIVED I	BY ISDH (month, day, y	ear):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Cacility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION									
Patient's age** Ma	arried Date of pregr	nancy termination	Educa							
32	anica –	05/16/2018	Buutu			Diploma or GED				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander  White	☐ Black or Afric	can American	Unknown	■ Not His	ic or Latino 🔲 Unknown				
Live Births:	Number now living 1			Number now d		0				
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	tions 0				
Dates of terminations (D	o not include this termination. If more t		ost recent.)							
Fetus delivered alive?	If yes, length of time fetus surviv		4	5	Complicat	ion(s) of Pregnancy Termination				
☐ Yes ■ No	/ /			1 1	None	Uterine Perforation				
			Hemorrhage	Cervical Laceration						
Fetus viable?  Yes No	If viable, medical reason for term	nination:			nfection	Retained Products				
l les 🕒 No						_				
Pathological examination	n If yes, results:				Other (Specif	y)				
performed?	if yes, results.									
☐ Yes ■ No	☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No									
Type of Termination Procedures										
Procedure that Terminate	Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgic				(Nonsurgical) M						
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic				(Nonsurgical) M (Nonsurgical) C		<i>v</i> )				
Medical (Surgical)	Suction Curettage		☐ Medical	(Surgical) Sucti	on Curettage					
☐ Medical (Surgical)	Menstrual Aspiration			(Surgical) Mens	strual Aspirat					
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other	г (Ѕресіју)					
For Medical (Surgical) p	rocedures, answer the following question	on.				the following question.				
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at least 20 No	weeks?		us viable or have Yes 🔲 No	a post fertili	zation age at least 20 weeks?				
If the previous question	was answered yes, complete the followi	ng questions.	If the previou	s question was a	nswered yes,	complete the following questions.				
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best	opportunity	to survive?				
☐ Yes ☐ N				Yes  No						
	determination that the pregnant woman lure to avert death or serious impairmen					t the pregnant woman had a condition or serious impairment to the pregnant				
woman?	dure to avert death of serious impairmen	nt to the pregnant	woman?	u ine procedure t	o avert death	for serious impairment to the pregnant				
			1							
Date last normal menses	•	Physician estimat	-	'n weeks)	Post ferti	lization age of the fetus (in weeks)				
How were the gestationa	<b>02/16/2018</b> I age and post fertilization age determine	ned?	13			11				
ULTRASOUND										
	Full name of physician performing termination  OR. CAROL DELLINGER									
	forming termination (number and stree	t, city, state, and zip	code)							
	INDIANAPOLIS, IN 46225	-1								
_	oCS, if Patient under 16 (month, day,									
DATE RECEIVED I	BY ISDH (month, day, year):05/23/	/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		) GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy term		County of pregnancy termination MARION			
Patient's age**	1		Date of pregnancy ter	mination	Educa	tion					
20	Married	Yes No	05/16/2		Educa	поп	ι	Unknown			
Race American Indiar Native Hawaiiar Live Births:	n or Other		Asian Bla White Ott	ack or Africa ner	n American	Unk		nanic or Latino Hispanic or Latino Unknown			
Other Termination	ns: Nur	nber of spontaneou	us terminations 0			Numbe	er of induced termi	nations 0			
Dates of termination	ns (Do not		ation. If more than six (		st recent.)						
Fetus delivered alive			me fetus survived:	4.			Complic	cation(s) of Pregnancy Termination  Uterine Perforation			
							☐ Hemorrhage ☐ Cervical Laceration				
Fetus viable?		If viable, medical	reason for termination:				_				
☐ Yes ■	No						☐ Infection	Retained Products			
Deth-1i1i		If14					Other (Spec	cify)			
Pathological examin performed?	nation	If yes, results:									
☐ Yes ■	No						Did this termination ☐ Yes  No	on of pregnancy result in a maternal death?			
	1										
			Туј	oe of Termina	ation Procedur	res					
Procedure that Term	ninated Pre	gnancy		T	Additional Pr	ocedure	that Terminated Pr	regnancy			
☐ Medical (Nonst	urgical) M	lifepristone			☐ Medical	(Nonsur	gical) Mifepriston	e			
Medical (Nonsu	urgical) M	isoprostol			■ Medical	(Nonsur	gical) Misoprostol gical) Other (Spec				
		( <i>-</i> <b>F 9</b> ))									
Madical (Sumi	aal) Cuatis	on Cumattaga			☐ Madical	(Cumai aa	1) Sustian Cumatta				
Medical (Surgion Medica	cal) Mensi	trual Aspiration			■ Medical	(Surgica	al) Suction Curetta al) Menstrual Aspi				
Medical (Surgio	cal) Other	(Specify)			☐ Medical	(Surgica	nl) Other (Specify)				
For Medical (Surgic	cal) procedu	ures, answer the fo	llowing question.		For Medical (	Surgical	l) procedures, answ	ver the following question.			
Was the fetus viab  ☐ Yes [		a post fertilization	age at least 20 weeks?			us viable Yes 🗀		ilization age at least 20 weeks?			
If the previous quest	tion was ar	nswered yes, comp	lete the following quest	ions.	If the previou	s questio	estion was answered yes, complete the following questions.				
Was the fetus give		opportunity to surv	vive?				the best opportunit	ty to survive?			
☐ Yes [	_				_	Yes	•				
			regnant woman had a co ious impairment to the j					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				-	woman?						
Date last normal me	-	7/2018	Physic	eian estimate	of gestation (i	n weeks,	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat			on age determined?		••						
ULTRASOUND											
E-11 C 1 1	Full name of physician performing termination										
DR. CAROL DELL		uing termination									
1 *			mber and street, city, st	ate, and zip o	code)						
200 S. MERIDIAN	SI, INDIA	ANAPULIS, IN 40	0220								
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):										
_			year): 05/23/2018								
DATE RECEIVE	פו זע עם	ıı (monın, ady,	усш)					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP		90 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 46268	City or	ity or town, of pregnancy termination INDIANAPOLIS						y termination	
	Marrie		Date of pregnancy ter		Educa	tion		Same O.	lone N- 5			
Race American Indian or Native Hawaiian or	r Alas		= =		can American		known	Ethnicity  Hispan	nic or Latino		☐ Unknow	n
Live Births:		umber now living	0	inci		_	er now d		0 La	шпо	Clikilow	11
Other Terminations:	N	umber of spontaneou				Numb	er of ind	uced termin				
Dates of terminations (	Do no	t include this termina	tion. If more than six (	(6), those n	nost recent.)				0			
1	2	1	3		4		5					_
Fetus delivered alive?  Yes No	)	If yes, length of tin	ne fetus survived:				_	•	ition(s) of Pr		Termination	
							• N	None	Ц	Uterine	Perforation	
Fetus viable?		If viable, medical r	eason for termination:				☐ I	Hemorrhage		Cervica	al Laceration	
☐ Yes ■ No	)						☐ I	infection		Retaine	ed Products	
☐ Other (Specify)												
Pathological examination performed? If yes, results:												
Yes No Did this termination of pregnancy result in a maternal death?									eath?			
Type of Termination Procedures												
Procedure that Termina	ated P	regnancy			Additional Pr	ocedure	that Ter	minated Pre	gnancy			
☐ Medical (Nonsurg								//////////////////////////////////////	•			
☐ Medical (Nonsurg	ical)	Misoprostol			■ Medical	(Nonsu	rgical) N	Misoprostol Other (Specij				
☐ Medical (Nonsurg	icai)	Other ( <i>Specify</i> )			☐ Medicai	(INOIISU	rgicai) C	otnei ( <i>speci</i> )	<i>y)</i>			
<ul><li>Medical (Surgical)</li><li>Medical (Surgical)</li></ul>								on Curettag strual Aspira				
Medical (Surgical)	) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical)	proce	dures, answer the fol	lowing question.		For Medical (	Surgica	ıl) proced	lures, answe	r the followi	ng quest	ion.	
Was the fetus viable o		e a post fertilization a	age at least 20 weeks?			us viabl Yes [		a post ferti	lization age a	at least 2	0 weeks?	
If the previous question	n was	answered yes, comple	ete the following quest	tions.	If the previou	s questi	on was a	nswered yes	s, complete t	he follov	ving questions.	
Was the fetus given the ☐ Yes ☐		t opportunity to survi	ve?			us given Yes [		opportunity	to survive?			
that required the proc			egnant woman had a coous impairment to the		that require						an had a condition	
woman?					woman?							
District			Γ							0.5		
Date last normal mense	_	an <b>20/2018</b>	Physic	cıan estima	te of gestation (i	n weeks	i)	Post fer	ulization age	of the fo	etus (in weeks)	
How were the gestation	How were the gestational age and post fertilization age determined?  JLTRASOUND											
Full name of physician DR. CAROL DELLING	GER											
Address of physician po		-		tate, and zij	o code)							
200 C. MENDIAN OF	,											
**Date Reported to	*Date Reported to DCS, if Patient under 16 (month, day, year):											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	-		County of pregnancy termination MARION				
Patient's age**	M- ·	.1	Date of pregnancy ter	mination	Educa	tion		7			
29	Marrie [	Yes No	05/16/2		Educa	LIOII		ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Othe			ack or Afric	can American			y anic or Latino Hispanic or Latino ☐ Unknown			
Other Termination	ns: N	umber of spontaneou	us terminations 0			Numb	per of induced termi	nations 2			
Dates of termination		0011	ation. If more than six			I					
Fetus delivered alive		··	me fetus survived:		4		5 Complie	cation(s) of Pregnancy Termination			
☐ Yes ■ No							■ None ☐ Uterine Perforation				
							☐ Hemorrhage ☐ Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained Products			
							Other (Spec	cify)			
Pathological examin	ation	If yes, results:									
performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a mater								on of pregnancy result in a maternal death?			
							Yes N				
Type of Termination Procedures											
Procedure that Term	inated P	regnancy					e that Terminated P				
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e I			
Medical (Nonsu						Medical (Nonsurgical) Other (Specify)					
Medical (Surgio		tion Curettage					cal) Suction Curetta				
Medical (Surgio							cal) Other (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viabl Yes   [		tilization age at least 20 weeks?			
	_	answered ves comp	lete the following quest	tions		_	_	es, complete the following questions.			
1 1		st opportunity to surv	2 1	ions.		•	n the best opportuni				
Was the fetus give  ☐ Yes [		st opportunity to surv	rive:			Yes [		ty to survive:			
			regnant woman had a c					hat the pregnant woman had a condition			
woman?	roceaure	to avert death or ser	ious impairment to the	pregnant	woman?	a tne pr	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal me			Physic	cian estimat	te of gestation (	in week:	s) Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		KNOWN e and post fertilization	on age determined?		12			10			
ULTRASOUND											
	Full name of physician performing termination  PR. CAROL DELLINGER										
Address of physician	n perform		mber and street, city, st	tate, and zip	code)						
200 S. MERIDIAN	ST, IND	DIANAPOLIS, IN 40	6225								
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):										
_			year): 05/23/2018					-			
DATE VECEIAL	ם על	ısırı (monin, ady,	year)					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	town, of pregna	ncy termination	County of pregnancy termina MARION	County of pregnancy termination  MARION			
Than it is a second of the sec	nancy termination 05/16/2018	Educat		Some College, No Degree Ethnicity				
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White	Black or Afric	can American	Unknown	☐ Hispanic or Latino  ■ Not Hispanic or Latino ☐ U	nknown			
Live Births: Number now living 1		Number now deceased <b>0</b>						
Other Terminations: Number of spontaneous terminations 0		Number of induced terminations 2						
Dates of terminations (Do not include this termination. If more and 1. 2015 2. 2017 3.	than six (6), those m	ost recent.)	5	6				
Fetus delivered alive? If yes, length of time fetus surviv	ved:		Complication(s) of Pregnancy Termination					
☐ Yes ■ No			tion					
	• ,•		I	Iemorrhage	tion			
Fetus viable?  If viable, medical reason for term  Yes No	nination:			nfection Retained Produc	cts			
		☐ Other (Specify)						
Pathological examination If yes, results:								
performed?								
☐ Yes ■ No	termination of pregnancy result in a mat No	ernal death?						
Type of Termination Procedures								
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	ninated Pregnancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) C					
Modical (Survival) Systian Curattons		☐ Madical	(Cumainal) Cunti	on Chuattaga				
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens	trual Aspiration				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	ures, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		is viable or have Yes  \text{No}	ole or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous question was answered yes, complete the followi	ing questions.	If the previou	s question was a	nswered yes, complete the following ques	stions.			
Was the fetus given the best opportunity to survive?				opportunity to survive?				
☐ Yes ☐ No			es □ No					
What was the basis for determination that the pregnant womar that required the procedure to avert death or serious impairmen				mination that the pregnant woman had a or avert death or serious impairment to the				
woman?	no to uno prognami	woman?	a une procedure t	o averve death of serious impairment to the	, program			
Date last normal menses began	Physician estimat	-	n weeks)	Post fertilization age of the fetus (in w	veeks)			
03/27/2018  How were the gestational age and post fertilization age determine	ned?	7		5				
ULTRASOUND	icu:							
Full name of physician performing termination								
DR. CAROL DELLINGER								
Address of physician performing termination (number and stree 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	rt, city, state, and zip	o code)						
**Date Reported to DCS, if Patient under 16 (month, day	, year):		· · · · · · · · · · · · · · · · · · ·					
DATE RECEIVED BY ISDH (month, day, year): 05/23	/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268	City or tov	vn, of pregna	•		County of pregnancy termination  MARION				
				-					
Patient's age** 32 Married Date of pregnancy ter  1 Yes □ No 05/16/2		Educat	tion		chelor's Degree				
Native Hawaiian or Other Pacific Islander ■ White □ Ot    Other Pacific Islander ■ White □ Other ■ White	ack or African her	American	_		spanic or Latino ot Hispanic or Latino	Unknown			
Number of spentaneous terminations			Numb	0 Number of induced terminations					
Other Terminations:  Dates of terminations (Do not include this termination. If more than six	(6) those most	recent )			0				
1 2 3 3				5	6				
Fetus delivered alive? If yes, length of time fetus survived:				Comp	olication(s) of Pregnancy Terr	nination			
☐ Yes ■ No			None	☐ Uterine Per	foration				
To the state of th				☐ Hemorrh	age 🔲 Cervical La	ceration			
Fetus viable? If viable, medical reason for termination:				☐ Infection	Retained Pr	oducts			
				Other (S	necify)				
Pathological examination If yes, results:				_ Outer (5)	эесцу)				
performed?									
Yes ■ No Did this termination of pregnancy result in a maternal death									
			•						
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsui	rgical) Mifepris	one				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)	ן	Medical	(Nonsu	rgical) Misopros rgical) Other (Sp	stol				
iviedicai (ivolistiigicai) Othei ( <i>specify</i> )		Wiedicai	(1voiisui	igicai) Other (5)	есцу)				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration	] [			al) Suction Cure al) Menstrual A					
Medical (Surgical) Other (Specify)	j [			al) Other (Speci					
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgica	l) procedures, ar	swer the following question.				
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No			ıs viable Yes 🗀		ertilization age at least 20 we	eks?			
If the previous question was answered yes, complete the following questions	tions.	f the previou	s questi	on was answered	l yes, complete the following	questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			ıs given Yes 🗀	the best opportule. No	unity to survive?				
What was the basis for determination that the pregnant woman had a c	ondition	What was th	ne basis	for determinatio	n that the pregnant woman ha	d a condition			
that required the procedure to avert death or serious impairment to the woman?					death or serious impairment to				
woman:		woman:							
Date last normal menses began Physic	cian estimate o	f gestation /	n wool-	) Door	fertilization age of the fetus	(in weeks)			
03/24/2018	cian estimate o	8 <b>8</b>	n weeks	) 105	6	(in weeks)			
How were the gestational age and post fertilization age determined?				•					
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, so	tate, and zip co	ode)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or t		ncy termination	Со	County of pregnancy termination  MARION				
Patient's age** Married Date of pregn	nancy termination	Educa	tion						
	05/16/2018	Educa	HOH	Some Colleg	je, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	☐ Black or Africa	an American	Unknown	Ethnicity  Hispanic	or Latino anic or Latino	☐ Unknown			
Live Births: Number now living 0		Number now deceased 0							
Other Terminations: Number of spontaneous terminations			Number of ind	uced termination					
Dates of terminations (Do not include this termination. If more t	han six (6), those mo	ost recent.)							
1		4	5	Complication	n(s) of Pregnancy	Termination			
Fetus delivered alive?  Yes No  If yes, length of time fetus surviv	rea:			None		Perforation			
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	_	al Laceration			
☐ Yes ■ No				nfection	☐ Retaine	ed Products			
				Other (Specify)					
Pathological examination   If yes, results: performed?									
☐ Yes ■ No			Did thi		f pregnancy result	in a maternal death?			
l l			1	<u> </u>					
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) N	Mifepristone					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) N (Nonsurgical) C	/lisoprostol					
Medical (Notisurgical) Other (Specify)		Wiedicai	(Nonsurgical)	omer (specify)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical ☐ Medical	(Surgical) Sucti (Surgical) Mens	on Curettage strual Aspiration	n				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	r (Specify)					
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	(Surgical) proceed	lures, answer th	e following quest	ion.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viable or have Yes   No	a post fertiliza	tion age at least 2	0 weeks?			
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s question was a	nswered yes, co	omplete the follow	ving questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to	survive?				
		_	_						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer						an had a condition ent to the pregnant			
woman?		woman?							
Date last normal menses began 03/19/2018	Physician estimate	e of gestation (i	n weeks)	Post fertiliz	cation age of the f	etus (in weeks)			
How were the gestational age and post fertilization age determin	ned?	<del></del>							
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zip	code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Data Panortad to DCC if Dations Jan 177	Data Papartad to DCS if Patient under 16 (month day year);								
**Date Reported to DCS, if Patient under 16 (month, day,									
DATE RECEIVED BY ISDH (month, day, year): US/23/									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLI	City or	town, of pregna	ncy termination		County of pregnancy termination  MARION				
Patient's age**  20	gnancy termination 05/16/2018	Educat		Some College, No Degree Ethnicity					
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ■ White	☐ Black or Afric	can American	Unknown	Hispanic or Latino Not Hispanic or Latino	Unknown				
Live Births: Number now living	)		Number now d	cceased <b>0</b>					
Other Terminations: Number of spontaneous termination	1S )		Number of induced terminations						
Dates of terminations (Do not include this termination. If more	e than six (6), those m	ost recent.)	5.	6.					
Fetus delivered alive? If yes, length of time fetus surv	ived:	Complication(s) of Pregnancy Termination							
☐ Yes ■ No			Perforation						
			I	emorrhage	Laceration				
Fetus viable? If viable, medical reason for ter	mination:			nfection	l Products				
Pathological examination If yes, results:	Other (Specify)								
performed?									
Yes No Did this termination of pregnancy result in a matern Yes No									
Type of Termination Procedures									
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	ninated Pregnancy					
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical) M						
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) C						
Modical (Sussiant) System Curattees		☐ Madical	(Cumaical) Cuati	on Cumatta aa					
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens	trual Aspiration					
Medical (Surgical) Other (Specify)		Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) procedures, answer the following quest	tion.	For Medical (	Surgical) proced	ures, answer the following question	on.				
Was the fetus viable or have a post fertilization age at least 2 ☐ Yes ■ No	0 weeks?		ıs viable or have Yes ☐ No	or have a post fertilization age at least 20 weeks? No					
If the previous question was answered yes, complete the follow	ving questions.	If the previou	s question was a	nswered yes, complete the followi	ing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to survive?					
	1 1 10	_	_		1.1.1.1.1.1				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairm				nination that the pregnant woman a avert death or serious impairmen					
woman?		woman?							
L		1							
Date last normal menses began 02/27/2018	Physician estimat	te of gestation (i	n weeks)	Post fertilization age of the fet  10	us (in weeks)				
How were the gestational age and post fertilization age determ	ined?	14		10					
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and stree 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	eet, city, state, and zip	code)							
, , , , , , ,									
**Date Reported to DCS, if Patient under 16 (month, do	ny, year):								
DATE RECEIVED BY ISDH (month, day, year):	3/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PPIN-GEORGETOWN OR (PPG		TOWN ROA	D, INDIANAPOL	.IS, IN, 46268	City or t	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION		
Patient's age** M:	arried Yes	■ No	Date of pre	gnancy term <b>05/16/20</b> °		Educa	tion		Some Co	llege, No Degree		
Race American Indian or A			Asian	=		an American				nic or Latino	_	
Native Hawaiian or C	Other Pacific Is  Number nov		■ White	Othe	er			known oer now d		lispanic or Latino	Unknown	
Other Terminations:	Number of s	spontaneou		ns			Numb	per of indu	aced termin	nations 1		
Dates of terminations (D				*		,				ı		
L. 2017 Fetus delivered alive?			me fetus surv		·	4		5	Complic	ation(s) of Pregnanc	y Termination	
Yes No	11 yes, 10	ongui oi u	ine retus sur	rived.				■ N	•	_	ne Perforation	
T	• .•	— ☐ Hemorrhage ☐ Cervic				cal Laceration						
Fetus viable?  Yes No  If viable, medical reason for termination:								☐ Infection ☐ Retained Products				
									Other (Spec	ify)		
Pathological examination performed?	n If yes, re	esults:										
Yes No											It in a maternal death?	
								☐ Yes	s ■ No	)		
Type of Termination Procedures												
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurgic						☐ Medical	(Nonsu	rgical) M	lifepristone	<b>:</b>		
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)												
Medical (Surgical)						☐ Medical	(Surgic	al) Suction	on Curettag	ge		
Medical (Surgical) Medical (Surgical)						☐ Medical	(Surgic	cal) Mens cal) Other	trual Aspir (Specify)	ation		
For Medical (Surgical) p	procedures, ans	wer the fo	llowing ques	tion.		For Medical	(Surgica	al) proced	ures, answ	er the following que	stion.	
Was the fetus viable or ☐ Yes ■ N		rtilization	age at least 2	20 weeks?			us viabl Yes [		a post ferti	lization age at least	20 weeks?	
If the previous question		yes, comp	lete the follo	wing questio	ons.	_		<del>_</del>	nswered ye	s, complete the follo	owing questions.	
Was the fetus given the	e best opportun	_							opportunit	y to survive?		
Yes N						_	Yes [	_				
What was the basis for that required the proceed						that require				nat the pregnant won th or serious impair	nan had a condition ment to the pregnant	
woman?						woman?						
Date last normal menses	began			Physicia	an estimate	e of gestation (	in week:	s)	Post fer	tilization age of the	fetus (in weeks)	
	03/01/2018	fortili- '	on acc 4-4			11				9	,	
How were the gestational ULTRASOUND	u age and post	rerunzatio	л age detern	mieu !								
Full name of physician p DR. CAROL DELLING	_	nination										
Address of physician per	rforming terming			eet, city, stat	te, and zip	code)						
200 S. MERIDIAN ST,	INDIANAPOI	LIS, IN 46	5225									
**Date Reported to D												
DATE RECEIVED I	BY ISDH (me	onth, day,	year):05/2	3/2018						-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	County of pregnancy termination MARION				
Patient's age** Ma	rried  Yes No	Date of pregnancy term <b>05/16/201</b>		Educat	tion	Bach	elor's Degree		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		n American	Unknow	n Not I	nnic or Latino  Hispanic or Latino		
Live Births:	Number now living	2				mber now deceased  0			
Other Terminations:	Number of spontaneou	s terminations 0			Number of	induced termin	nations 0		
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)									
Fetus delivered alive?  Yes No	If yes, length of tir		·	_	Complice None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?  Yes No	If viable, medical r	eason for termination:					☐ Retained Products		
Pathological examination performed?  Yes • No	If yes, results:					this termination	on of pregnancy result in a maternal death?		
		Туре	of Termina	ation Procedur	res_				
Procedure that Terminate	d Pregnancy	7,5				Terminated Pr	regnancy		
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)  Medical (Nonsurgical) Other (Specify)							e		
Medical (Surgical)  Medical (Surgical)  Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) N	uction Curetta Ienstrual Aspin Other (Specify)	ge ration		
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (	Surgical) pro	ocedures, answ	ver the following question.		
☐ Yes ■ N					us viable or h Yes		tilization age at least 20 weeks?		
	best opportunity to survi		ns.	Was the fetu	us given the l	oest opportunit	es, complete the following questions.  ty to survive?		
	o determination that the pr lure to avert death or seri			What was th		etermination tl	hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal menses	-	Physicia	nn estimate	of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)		
How were the gestational ULTRASOUND	03/21/2018 age and post fertilization	n age determined?		6			4		
Full name of physician po	ER								
Address of physician per 200 S. MERIDIAN ST,	-		e, and zip o	code)					
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):					-		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	-		County of pregnancy termination MARION		
D-41- 12 and			D-4- C	::	1 5.	4:-				
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregnancy term 05/16/20		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ Asian ☐ Bla ☐ White ☐ Oth		an American	Ethnicity  Hispanic or Latino  Unknown  Number now deceased  O				
Other Termination	ns: Ni	umber of spontaneou		Numb	per of induced termi	nations 0				
Dates of termination	ns (Do no	t include this termin	ation. If more than six (	6), those me	ost recent.)			<u> </u>		
Fetus delivered alive	e?	T	me fetus survived:	4		5 6  Complication(s) of Pregnancy Termination				
☐ Yes ■	No	, ,		■ None	☐ Uterine Perforation					
F		TC : 11 1: 1					☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained Products		
							Other (Spe	cify)		
Pathological examin	nation	If yes, results:						•••		
performed?	No						Did this terminati	on of pregnancy result in a maternal death?		
							Yes N			
			Тур	e of Termin	nation Procedu	res				
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonsu Medical (Nonsu							rgical) Mifepriston			
Medical (Nonsu Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
Medical (Surgio	cal) Suct	ion Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge		
☐ Medical (Surgion Med		strual Aspiration er (Specify)					cal) Menstrual Aspi cal) Other (Specify)			
	,	(1 33)					, (1 32)			
For Medical (Surgic	ral) proce	dures answer the fo	llowing question		For Medical	Surgice	al) procedures answ	ver the following question.		
			age at least 20 weeks?				able or have a post fertilization age at least 20 weeks?			
Yes [		e a post fertifization	age at least 20 weeks?				hable or have a post fertilization age at least 20 weeks?			
If the previous quest	tion was	answered yes, comp	lete the following questi	ions.	If the previou	ıs questi	nestion was answered yes, complete the following questions.			
		t opportunity to surv	vive?				iven the best opportunity to survive?			
☐ Yes [	_					Yes [	_			
that required the pr			regnant woman had a co ious impairment to the p		that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
Γ			1							
Date last normal me		an 08/2018	Physic	ian estimate	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)  5		
How were the gestat	tional age	e and post fertilization	on age determined?							
Full name of physic		rming termination								
		ning termination (nu	mber and street, city, sto	ate, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225							
**Data D 1	to DCC	if Dationt 1 1	6 (month 1							
_			6 (month, day, year): _					-		
DATE RECEIVE	ED BY 1	SDH (month, day,	year):05/23/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or t		ncy termination		County of pregnanc	y termination		
	ancy termination	Educat	tion	Maste	r's Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	☐ Black or Afric	an American	Unknown		ic or Latino spanic or Latino	☐ Unknown		
Live Births: Number now living 1			Number now o	leceased	0			
Other Terminations: Number of spontaneous terminations 0			Number of ind	uced termina	tions 1			
Dates of terminations (Do not include this termination. If more the UNKNOWN	han six (6), those me	ost recent.)	_					
Fetus delivered alive?  If yes, length of time fetus survivi	ed:	4	5	Complicat	ion(s) of Pregnancy	Termination		
☐ Yes ■ No			None	☐ Uterino	e Perforation			
				Hemorrhage	☐ Cervic	al Laceration		
Fetus viable? If viable, medical reason for term	ination:			Infection	☐ Retain	ed Products		
				Other (Specif	·v)			
Pathological examination If yes, results:				, 1	•			
performed? ☐ Yes ■ No			Did thi	s termination	of pregnancy result	t in a maternal death?		
1.00			☐ Ye		or pregnancy resur	in a maternal death:		
	Type of Termin							
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Preg	nancy			
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) Nonsurgical Nonsurgical					
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Suct (Surgical) Men					
Medical (Surgical) Medisular Aspiration  Medical (Surgical) Other (Specify)		Medical	(Surgical) Othe	r (Specify)	.1011			
For Medical (Surgical) procedures, answer the following questio	on.	For Medical (	Surgical) proced	dures, answer	the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 · ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	ınswered yes,	complete the follow	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity	to survive?			
What was the basis for determination that the pregnant woman	had a condition	_	_	rmination tha	t the pregnant wom	an had a condition		
that required the procedure to avert death or serious impairmen woman?					or serious impairm			
woman.		woman.						
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post ferti	lization age of the f	etus (in weeks)		
03/04/2018  How were the gestational are and post fartilization age determine	ed?	9			7			
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	cu!							
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)						
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year): 05/23/2	2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ac		8590 GEORGETOWN ROAD	), INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	ancy termi			County of pregnance	y termination RION
Patient's age** 32	Marr	ied □ Yes ■ No	Date of pregna	ancy term		Educa	ution		Some Co	llege, No Degree	
Race American Indian	or Ala	aska Native	Asian	■ Black	k or Afric	an American	Ethnicity nerican				
Native Hawaiian Live Births:		ner Pacific Islander Number now living	White	Othe	r		Unki Number			lispanic or Latino	Unknown
Other Terminations		Number of spontaneou	s terminations				Number	r of indu	aced termin		
Dates of terminations	s (Do 1	not include this termina	0 ation. If more th	han six (6)	), those m	ost recent.)				2	
ı. <u>02/10/2016</u>		2. 2006  If yes, length of tir	3			4		_ 5	Complia		Tormination
Fetus delivered alive:  Yes N		Complication(s) of Pregnancy Termi  None Uterine Performance  Uterine Performance  Uterine Performance					e Perforation				
									lemorrhage		al Laceration
Fetus viable?  Yes N	Jo	If viable, medical i	reason for termi	ination:					nfection		ed Products
res r	•0							_	Other (Speci	_	ed i roducts
Pathological examina	ntion	If yes, results:							outer (Speci	yy)	
performed?								Did this	tarminatio	n of pragnancy recul	t in a maternal death?
la res	10							Yes			i in a maternal death?
				Туре	of Termi	nation Procedu					
Procedure that Termi						Additional Pr					
Medical (Nonsur  Medical (Nonsur	rgical)	Misoprostol					(Nonsurg	gical) M	Iifepristone Iisoprostol		
Medical (Nonsur	rgical)	Other (Specify)				☐ Medical	(Nonsurg	gical) O	ther (Speci	fy)	
	al) M	enstrual Aspiration				☐ Medical	(Surgical	) Mens	on Curettag trual Aspir		
Medical (Surgical	al) Ot	her (Specify)				☐ Medical	(Surgical	) Other	(Specify)		
											<del>.</del>
		cedures, answer the fol	• 1			For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable ☐ Yes ■		ive a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question	on wa	s answered yes, compl	ete the followin	ng question	ns.	If the previous question was answered yes, complete the following questions.					
		est opportunity to surv	ive?			Was the fetus given the best opportunity to survive?					
☐ Yes ☐	_						Yes 🗌				
that required the pro		termination that the pr e to avert death or seri				that require				nat the pregnant wom th or serious impairm	
woman?						woman?					
Date last normal men	ises be	gan		Physicia	ın estimat	e of gestation (	in weeks)		Post fer	tilization age of the	etus (in weeks)
	03	3/02/2018		-		11				9	
How were the gestation	onal a	ge and post fertilization	n age determine	ed?							
L											
Full name of physicia	_	-									
		rming termination (nur	nber and street	, city, stat	e, and zip	code)					
200 S. MERIDIAN S	ST, IN	DIANAPOLIS, IN 46	225								
**Date Reported to	o DC	S, if Patient under 1	6 (month, day,	year):							
DATE RECEIVE	D BY	ISDH (month, day, )	year):	2018						_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN RO.	AD, INDIANAPOLIS, IN, 46268	City or town, of pregna	ncy termination	Cour	County of pregnancy termination  MARION			
Patient's age**  26  Married  Yes  No  Race	Date of pregnancy termina 05/16/2018	ation Educat	tion	Bachelor's	s Degree			
American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	☐ Asian ☐ Black o  ■ White ☐ Other	or African American	Unknown	☐ Hispanic or ■ Not Hispan		Unknown		
Live Births: Number now living	0		Number now d	eceased	0			
Other Terminations: Number of spontaneo	ous terminations	Number of indu	aced termination	ns O				
Dates of terminations (Do not include this termi	nation. If more than six (6), th	hose most recent.)	5.		6.			
	time fetus survived:			Complication(	(s) of Pregnancy	Termination		
☐ Yes ■ No			■ None ☐ Uterine Perforation					
			D	Hemorrhage	☐ Cervica	l Laceration		
Fetus viable? If viable, medica	l reason for termination:			nfection	☐ Retaine	d Products		
				Other (Specify)				
Pathological examination If yes, results:			-	эшсі (Бресіду)				
performed?								
☐ Yes ■ No			Did this		pregnancy result	in a maternal death?		
			•					
	Type of	Termination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregnan	ncy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
<ul><li>Medical (Nonsurgical) Misoprostol</li><li>Medical (Nonsurgical) Other (Specify)</li></ul>			(Nonsurgical) M (Nonsurgical) C					
Medical (Surgical) Suction Curettage		Medical	(Surgical) Sucti	on Curettage				
☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Mens	trual Aspiration				
Medical (Surgical) Other (Specify)		Medical	(Surgical) Other	(Specify)				
						_		
For Medical (Surgical) procedures, answer the f	ollowing question.	For Medical (	Surgical) proced	gical) procedures, answer the following question.				
Was the fetus viable or have a post fertilization  ☐ Yes ☐ No	n age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, com	plete the following questions.	. If the previou	s question was a	nswered yes, cor	mplete the follow	ing questions.		
Was the fetus given the best opportunity to sur	rvive?		as given the best	opportunity to si	urvive?			
Yes No			les □ No					
What was the basis for determination that the part that required the procedure to avert death or se					e pregnant woman serious impairme	n had a condition ont to the pregnant		
woman?		woman?						
Date last normal menses began 03/30/2018	Physician 6	estimate of gestation (i	n weeks)	Post fertiliza	ntion age of the fe	tus (in weeks)		
How were the gestational age and post fertilization	ion age determined?	0			4			
ULTRASOUND								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination ( <i>n</i> <b>200 S. MERIDIAN ST, INDIANAPOLIS, IN 4</b>		and zip code)						
200 G. MEMDIAN GT, INDIANAPOLIS, IN 2								
**Date Reported to DCS, if Patient under	16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day	, year):05/23/2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  Cit					or town, of pregna	ncy termination	County of pregnancy termination MARION			
Dationt's**	_		Date of	ay tanai	F1	tion				
Patient's age** 37	Marri	ied □ Yes ■ No	Date of pregnance  05/1	16/2018	Educa		ssociate Degree			
Race American Indian Native Hawaiian Live Births:	n or Oth		■ White	Black or Afi Other	rican American		lispanic or Latino lot Hispanic or Latino			
Other Termination	1	Number of spontaneou	us terminations			Number of induced to	erminations			
		ot include this termin	ation. If more than	six (6), those	most recent.)		1			
ı. <b>2002</b>		2. 2009	3. <b>2017</b>		4	5	6			
Fetus delivered aliv		If yes, length of ti	me fetus survived:			Con	nplication(s) of Pregnancy Termination			
	110					■ None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for terminat	tion:		Hemor	rhage			
☐ Yes ■	No					☐ Infection	n Retained Products			
						Other (	Specify)			
Pathological examin	nation	If yes, results:								
performed?	No					Did this termi	nation of pregnancy result in a maternal death?			
							No .			
Type of Termination Procedures										
Procedure that Term	ninated 1	Pregnancy			Additional Pr	ocedure that Terminate	d Pregnancy			
Medical (Nons Medical (Nons						(Nonsurgical) Misopre				
		Other (Specify)				al (Nonsurgical) Misoprostol al (Nonsurgical) Other (Specify)				
Medical (Surgi					☐ Medical	(Surgical) Suction Cur	rettage			
☐ Medical (Surgi ☐ Medical (Surgi		enstrual Aspiration her (Specify)				(Surgical) Menstrual A (Surgical) Other (Spec				
For Medical (Surgic	ral) proc	cedures, answer the fo	llowing question		For Medical (	(Surgical) procedures	inswer the following question.			
	_			1.0						
Was the fetus viat		ve a post fertilization	age at least 20 wee	eks?		us viable or have a post Yes \[ \] No	ble or have a post fertilization age at least 20 weeks?  ☐ No			
If the previous ques	tion was	s answered yes, comp	lete the following q	questions.	If the previou	s question was answere	estion was answered yes, complete the following questions.			
Was the fetus give	en the be	est opportunity to surv	vive?		Was the fet	us given the best oppor	given the best opportunity to survive?			
☐ Yes					·	Yes No	•			
		termination that the p					on that the pregnant woman had a condition death or serious impairment to the pregnant			
woman?	roccdur	e to avert death of ser	ious impairment to	the pregnant	woman?	d the procedure to aver	death of serious impairment to the pregnant			
Date last normal me		~	Pl	hysician estim	ate of gestation (i	in weeks) Po	st fertilization age of the fetus (in weeks)			
How were the gesta		3/21/2018 ge and post fertilization	on age determined?		7		5			
ULTRASOUND										
Full name of physic DR. CAROL DELL	_	-								
		rming termination (nu	mber and street, cit	ty, state, and z	cip code)					
= -	-	DIANAPOLIS, IN 4								
**Date Reported	to DC	S, if Patient under	16 (month, day, yea	ar):						
DATE RECEIVI	ED BY	ISDH (month, day,	<i>year</i> ):05/23/201	18						

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					or town, of pregnancy termination  BLOOMINGTON				County of pregnancy termination  MONROE		
Patient's age**	Marrie		Date of pregnancy term		Educa	tion					
Race	[	☐ Yes ■ No	05/10/20	18		Some College, No Degree  Ethnicity					
American Indian Native Hawaiian	or Othe		Asian Blace White Other		can American	unknown  Unknown  Number now deceased					
Live Births:		Tumber of spontaneou	0						0		
Other Terminations	Nulli	umber of induced terminations 0									
1. 11/30/2017	s (Do no 		ation. If more than six (6		ost recent.)  4	56					
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregr	ancy	Termination
☐ Yes ■ N	No						■ None ☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termination:				☐ F	Hemorrhage	: C	ervica	l Laceration
Yes I N	No	ii viable, illeuteat	reason for termination.				□ I	nfection	☐ R	etaine	d Products
								Other (Spec	ify)		
Pathological examina	ation	If yes, results:									
performed?  Yes  1	No						Did this	s terminatio	n of pregnancy	result	in a maternal death?
							☐ Yes				
Type of Termination Procedures											
Procedure that Termi	inated P	regnancy			Additional Pr	ocedur	e that Ter	minated Pro	egnancy		
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>								Aifepristone	•		
Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgic								on Curettag			
☐ Medical (Surgic☐ Medical (Surgic☐ Medical (Surgic☐ Decirion of the content of		nstrual Aspiration er (Specify)						strual Aspir r (Specify)	ation		
								. 1			
For Medical (Surgica	al) proce	edures answer the fo	llowing question		For Medical	Surgic	al) proced	lures answ	er the following	anest	- ion
			age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [		e a post fertifization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous questi	ion was	answered yes, comp	lete the following question	ons.	If the previou	the previous question was answered yes, complete the following questions.					ing questions.
		st opportunity to surv	rive?			etus given the best opportunity to survive?					
☐ Yes ☐	」No					Yes [	」No				
			regnant woman had a con ious impairment to the pr								in had a condition ent to the pregnant
woman?					woman?						
			,		1						
Date last normal men		an <b>/20/2018</b>	Physici	an estimat	te of gestation (a	n week.	s)	Post fer	tilization age of	the fo	etus (in weeks)
How were the gestati			on age determined?					l			
ULTRASOUND											
Eull name of -1'	on me of	umina tamais -ti									1
Full name of physicia DR. CAROL DELLI		nining termination									
1 .		•	mber and street, city, sta	te, and zip	code)						
200 S. MERIDIAN S	51, IND	DIANAPOLIS, IN 46	oz25 								
**Date Reported t	to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVEN BLOOMINGTON, IN, 47403	City or t	own, of pregna	ncy terminati	on	County of pregnancy termination  MONROE				
	ancy termination	Educa	tion	Some Co	ollege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	Black or Afric	an American	Unknow	Ethnicity  Hispa		Unknown			
Live Births: Number now living 0			Number now deceased 0						
Other Terminations: Number of spontaneous terminations			Number of	induced termi					
Dates of terminations (Do not include this termination. If more the	nan six (6), those me	ost recent.)							
Fetus delivered alive?  If yes, length of time fetus survive	ed:	4	:	Complic	cation(s) of Pregnancy	Termination			
☐ Yes ■ No			•	None	☐ Uterino	e Perforation			
				Hemorrhag	e 🔲 Cervic	al Laceration			
Fetus viable? If viable, medical reason for termi	ination:			Infection	☐ Retain	ed Products			
				Other (Spec	eify)				
Pathological examination If yes, results:			_	o iner (spec	-957				
performed?									
☐ Yes ■ No			Did			ı ın a maternal death?			
	Type of Termin	nation Procedu	es						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pr	regnancy				
Medical (Nonsurgical) Mifepristone				) Mifepriston					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				) Misoprostol ) Other (Spec					
Medical (Surgical) Suction Curettage		Medical	(Surgical) Si	action Curetta	ge				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) M	enstrual Aspi ther (Specify)					
Medical (Surgicial) State (Speedy)		Wiedicar	(Burgical) O	uiei (speegy)					
For Modical (Supplied) are address anguar the following questions		Ear Madigal (	Cymai aal) mua	andrima amari	on the fellowing gues				
For Medical (Surgical) procedures, answer the following question					er the following ques				
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?		is viable or h Yes   \text{No}		ilization age at least 2	20 weeks?			
If the previous question was answered yes, complete the followin	g questions.	If the previou	s question wa	s answered ye	es, complete the follow	wing questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No				est opportuni	ty to survive?				
		_	Yes □ No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment		that require			hat the pregnant wom th or serious impairm				
woman?		woman?							
	DI ''		7 .	I	and the second				
Date last normal menses began 03/04/2018	Physician estimate	e of gestation (i	n weeks)	Post fe	rtilization age of the f	etus ( <i>in weeks)</i>			
How were the gestational age and post fertilization age determine	ed?			1					
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination ( <i>number and street</i> , <b>200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225</b>	, city, state, and zip	code)							
**Date Reported to DCS, if Patient under 16 (month, day,	year):				_				
DATE RECEIVED BY ISDH (month, day, year): 05/23/2	2018				_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age**  24  Married Yes INO  Date of pregnancy termination  55/10/2018  Education  Bachelor's Degree									
24 ☐ Yes ■ No   05/10/2018 Bachelor's Degree									
Race Ethnicity									
American Indian or Alaska Native     Asian     Black or African American     Hispanic or Latino       Native Hawaiian or Other Pacific Islander     White     Other     Unknown     Not Hispanic or Latino     U	nknown								
Live Births: 0									
Other Terminations: 0									
Dates of terminations ( <i>Do not include this termination. If more than six</i> ( <i>6</i> ), those most recent.)  1									
Fetus delivered alive? If yes, length of time fetus survived: Complication(s) of Pregnancy Termina	ntion								
☐ Yes ■ No ■ None ☐ Uterine Perforat	tion								
Hemorrhage Cervical Lacera	tion								
Fetus viable? If viable, medical reason for termination: Infection Retained Produc	cts								
☐ Other (Specify)									
Pathological examination If yes, results:									
performed?									
Yes ■ No  Did this termination of pregnancy result in a mat  Yes ■ No	ernal death?								
Type of Termination Procedures									
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
■ Medical (Nonsurgical) Mifepristone	•								
■ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Nonsurgical) State (Specify)									
☐ Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Menstrual Aspiration									
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable or have a post fertilization age at least 20 weeks?  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.	stions.								
Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?									
☐ Yes ☐ No ☐ Yes ☐ No									
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant that the pregnan									
woman? woman?									
1									
Date last normal menses began  O3/09/2018  Physician estimate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)  6	veeks)								
How were the gestational age and post fertilization age determined?									
ULTRASOUND									
Full name of physician performing termination  DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, state, and zip code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year):  05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403	or town, of pregnancy to BLOOMING		County of pregnancy termination MONROE				
Patient's age** Married Date of pregnancy terminatio	n Education						
20 Yes • No 05/17/2018			ollege, No Degree				
Native Hawaiian or Other Pacific Islander White Other			y anic or Latino Hispanic or Latino				
Live Births:		mber of induced termi	O nations				
Other Terminations:  Number of spontaneous terminations 0		mber of madeed termi	0				
Dates of terminations (Do not include this termination. If more than six (6), thos		t.)					
Fetus delivered alive? If yes, length of time fetus survived:		Complie	cation(s) of Pregnancy Termination				
☐ Yes ■ No		■ None	☐ Uterine Perforation				
		Hemorrhag	ge Cervical Laceration				
Fetus viable?  If viable, medical reason for termination:		☐ Infection	☐ Retained Products				
		Other (Spec	cifv)				
Pathological examination If yes, results:			- 1377				
performed?		<del>Dildi di di</del>					
i es i No		Yes N	on of pregnancy result in a maternal death?				
Type of Te	rmination Procedures						
Procedure that Terminated Pregnancy	Additional Procedu	ure that Terminated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone		nsurgical) Mifepriston					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		nsurgical) Misoprostol nsurgical) Other (Spec					
Medical (Surgical) Suction Curattage	Modical (Sure	giaal) Suation Curatto					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration	☐ Medical (Surg	gical) Suction Curetta gical) Menstrual Aspi					
Medical (Surgical) Other (Specify)	Medical (Surg	gical) Other (Specify)					
For Medical (Surgical) procedures, answer the following question.	For Medical (Surg	urgical) procedures, answer the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No		e fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous question was answered yes, complete the following questions.	If the previous que	estion was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive?		given the best opportunity to survive?					
☐ Yes ☐ No	☐ Yes	No No					
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnan			hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	woman?	•	1 1 0				
Date last normal menses began Physician esti	mate of gestation (in wea	eks) Post fe	ertilization age of the fetus (in weeks)				
How were the gestational age and post fertilization age determined?			<u>,                                      </u>				
ULTRASOUND							
Full name of physician performing termination DR. CAROL DELLINGER							
Address of physician performing termination (number and street, city, state, and	zip code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225							
**Date Reported to DCS, if Patient under 16 (month, day, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	nncy termination		County of pregnancy termination  MONROE				
Patient's age**	Marrie	d	Date of pregnancy ter	rmination	Educa	Education						
25		Yes No	05/17/2	2018		H		ool Diploma or GE	D			
Race American Indian Native Hawaiian	or Othe		Asian BI White Ot		can American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	1			0  Number of induced terminations						
Other Termination	15.		ation. If more than six	(6) thosom		Number of induced terminations 0						
2016	IS ( <i>Do no</i> 		3		,	<i>ni.)</i> 5 6						
Fetus delivered alive		If yes, length of ti					Complication(s) of Pregnancy Termination					
☐ Yes ■	No						☐ None ☐ Uterine Perforation					
Fetus viable?		If wishle medical		Hemorrhag	ge 🔲 Cervi	cal Laceration						
Fetus viable?  Yes	No	ii viable, medical	reason for termination:				Infection	Retain	ned Products			
							Other (Spe	cify)				
Pathological examin	ation	If yes, results:										
performed?	No		Did thi	s torminati	on of prognancy rosu	It in a maternal death?						
	110								it in a maternal death?			
			Ту	pe of Term	ination Procedu	res						
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy				
Medical (Nonst						(Nonsurgical) 1						
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
Medical (Surgio	cal) Suc	ion Curettage			☐ Medical	(Surgical) Suct	ion Curetts	nge				
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Men	strual Aspi	iration				
☐ Medical (Surgio	cal) Otn	er (Specify)			Medical	(Surgical) Othe	er (Specify)					
									_			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgical) procedures, answer the following question.						
Was the fetus viab		e a post fertilization	age at least 20 weeks?			etus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	tion was	answered ves. comp	ete the following ques	tions.	If the previou	vious question was answered yes, complete the following questions.						
		t opportunity to surv	0.1		1	•						
Yes [		t opportunity to surv	ive:			Yes No	given the best opportunity to survive?  \( \sum \text{No} \)					
			regnant woman had a c					that the pregnant won				
that required the programmer woman?	rocedure	to avert death or ser	ious impairment to the	pregnant	woman?	d the procedure	to avert de	ath or serious impairs	nent to the pregnant			
Date last normal me	nses beg	an	Physic	cian estima	te of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)			
How were the gestat		10/2018	n aga datamair - 10		9			7				
ULTRASOUND	nonai age	e and post tertilizatio	n age uetermined?									
Full name of physic	_	rming termination										
DR. CAROL DELL		ing termination /	mber and street, city, s	tate and =:	n code)							
200 S. MERIDIAN	•			ыне, ини Др	o coue)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_				
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 07/11/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•		County of pregnancy termination  MONROE		
Patient's age**	Momis	Date of pregnancy term	ination	Educa	tion				
26	Married ☐ Yes ■ No	05/17/201		Educa	tion	Asso	ociate Degree		
	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Othe		nn American			nnic or Latino Hispanic or Latino  Unknown		
Live Births:	Number of apontoness	2 us terminations				per of induced termi	0 nations		
Other Termination	15.	0	\		Ttullic	or or madeca terms	1		
2017	ns (Do not include this termin	3		st recent.) 1		5	6		
Fetus delivered alive	1	me fetus survived:				Complic	ration(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	☐ Uterine Perforation		
						☐ Hemorrhag	e		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products		
l les 🕒	NO					_	_		
B. I. I. I. I.	. 70 1					Other (Spec	ify)		
Pathological examin performed?	ation If yes, results:								
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?		
						☐ Yes ■ No	)		
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
☐ Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
☐ Medical (Nonsi	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec			
i Wedicai (Nollsi	urgicar) Other (specify)			☐ Medicai	(INOIISU	rgicar) Other (spec	(gy)		
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration		
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
	le or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes	■ No			Yes No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered yo	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
	s for determination that the p	rognant waman had a aan	dition	_		Is sis for determination that the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			th or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began 04/03/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 4		
How were the gestar	tional age and post fertilization	on age determined?		<u> </u>			7		
ULTRASOUND									
	ian performing termination								
Address of physicia	INGER  n performing termination (nu	mber and street, city, stat	e, and zin	code)					
	ST, INDIANAPOLIS, IN 4			<u>,                                     </u>					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/23/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOL	TH COLLEGE AVENUE,	City or t	County of pregnancy termination  MONROE							
Patient's age**	N · ·	Date of pregnancy term	ination	Educa	tion						
20	Married ☐ Yes ■ No	05/17/201		Educa	uon	Some Co	ollege, No Degree				
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ☐ Othe		an American			y anic or Latino Hispanic or Latino				
Live Births:		0					0				
Other Termination		0			Numb	per of induced termi	nations 1				
Dates of termination <b>09/14/2017</b>	ns (Do not include this termin	tation. If more than six (6)		ost recent.)		5	6				
Fetus delivered alive		me fetus survived:		*		Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	No					■ None	Uterine Perforation				
						— Hemorrhag	e Cervical Laceration				
Fetus viable?	,	reason for termination:					_				
☐ Yes ■	No					☐ Infection	Retained Products				
						Other (Spec	cify)				
Pathological examin performed?	nation If yes, results:										
☐ Yes ■	No						on of pregnancy result in a maternal death?				
						☐ Yes ■ N	0				
		Туре	of Termin	nation Procedur	res						
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy				
Medical (Nons)	urgical) Mifepristone			☐ Medical (Nonsurgical) Mifepristone							
Medical (Nonsi	urgical) Misoprostol urgical) Other (Specify)			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
i Wedicai (Nollsi	urgicar) Other (specify)			Wiedicai	(INOIISU	igicai) Other (spec	10,97				
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration				
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)					
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  ☐ No	age at least 20 weeks?			us viabl Yes [		tilization age at least 20 weeks?				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us giver Yes [	n the best opportuni	ty to survive?				
		mannent ryaman had a aan	dition	_		_	hat the present ryomen had a condition				
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?				woman?							
Date last normal me	enses began 03/23/2018	Physicia	nn estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  5				
How were the gestar	tional age and post fertilization	on age determined?		•			-				
ULTRASOUND											
Full name of physic DR. CAROL DELL	ian performing termination										
	n performing termination (nu	mber and street, city, stat	e, and zip	code)							
	ST, INDIANAPOLIS, IN 4		•								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-				
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/23/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Policul's age   Married   Vis   No   Date of pregnancy termination   Education   Educati	Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or t	own, of pregna	•	County of pregnancy termination MONROE			
Record Number of Alaska Native   Asian   Black or African Anoricon   Unknown   Hispanic or Latino   Unknown   Unknown   Hispanic or Latino   Hispanic	_					Educat	tion	High Scho	ool Diploma or GED		
Other (Ferninations Do not include his termination. If more than six (6), those most recent.)    Dates of terminations Do not include his termination. If more than six (6), those most recent.)   Complication(s) of Pregnancy Termination     None	Race American Indian Native Hawaiian	n or Alas n or Othe	ka Native r Pacific Islander umber now living	Asian Blac White Othe	k or Africa	an American	Numbe	Ethnicit Hisp Known Not er now deceased	y anic or Latino Hispanic or Latino		
Fetus delivered alive?   If yes, length of time fetus survived:   Complication(s) of Pregnancy Termination   None   Unrince Perforation   None   Unrince Perforation   Hemorrhage   Corvical Laceration   Infection   Retained Products   Unrince Performed?   Pathological examination   If yes, results:   Did this terminated Prognancy result in a maternal death?   Yes   No   None   Unrince Performed?   Did this termination of pregnancy result in a maternal death?   Yes   No   None   Unrince Performed?   Did this termination of pregnancy result in a maternal death?   Yes   No   None   Did this termination of pregnancy result in a maternal death?   Yes   No   None   Did this termination of pregnancy result in a maternal death?   Yes   No   None   Did this termination of pregnancy result in a maternal death?   Yes   No   None   Did this termination of pregnancy result in a maternal death?   None   Did this termination of pregnancy result in a maternal death?   Yes   No   Medical (Nonsurgical) Milepristone   Medical (Nonsurgical) Medi		15.		0			Numbe	er of induced termi			
Fetus delivered alive?   If yes, length of time fetus survived:     Complication(s) of Pregnancy Termination   None   Uterine Perforation   Hemorrhage   Cervical Laceration   Hemorrhage   Cervical Laceration   Hemorrhage   Cervical Laceration   Infection   Retained Products   Other (Specify)   Oth	Dates of termination	is (Do no						5	6		
Pathological examination performed?   Did this termination of pregnancy result in a maternal death?   Did this termination of pregnancy result in a maternal death?   Did this termination of pregnancy result in a maternal death?   Ves	☐ Yes ■		If yes, length of ti	me fetus survived:		4.		Compli  None	Uterine Perforation		
Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Milepristone   Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Yes   Yes   No   Yes   Yes   Yes   No   Yes		No	If viable, medical	reason for termination:				_	_		
Type of Termination Procedures    Procedure that Terminated Pregnancy	performed?		If yes, results:					Did this terminati	on of pregnancy result in a maternal death?		
Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy											
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes				Туре	nation Procedur	res					
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Speci	Procedure that Term	ninated P	regnancy		Additional Pr	- ,					
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)	Medical (Nonsu	urgical)	Misoprostol	gical) Misoprosto	1						
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No	☐ Medical (Surgio	☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspiration									
Yes   No   Yes   Yes   Yes   No   Yes   No   Yes   Yes   No   No   Yes   Yes   Yes   No   Yes   Yes   Yes   No   Yes   Yes   Yes   No   Yes	For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	Surgical	l) procedures, ansv	ver the following question.		
Was the fetus given the best opportunity to survive?    Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   10			e a post fertilization	age at least 20 weeks?					tilization age at least 20 weeks?		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O2/20/2018  Physician estimate of gestation (in weeks)  12  Post fertilization age of the fetus (in weeks)  O2/20/2018  To  How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	If the previous quest	tion was	answered yes, comp	lete the following questio	ons.	If the previou	s questio	on was answered y	es, complete the following questions.		
that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O2/20/2018  Physician estimate of gestation (in weeks)  12  Post fertilization age of the fetus (in weeks)  10  How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)			t opportunity to surv	rive?					ty to survive?		
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	that required the pr					that required					
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)				l m							
Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	Date last normal me	_		Physicia	an estimate	-	n weeks)	) Post fe			
DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	_	tional age	e and post fertilization	on age determined?							
			rming termination								
		-	-		te, and zip	code)					
	_00 0. MEMBIAN	J., 1110	0210, 111 41								
			10.7								
	_								_		
**Date Reported to DCS, if Patient under 16 (month, day, year):	_			year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	-	or town, of pregnancy termination BLOOMINGTON					County of pregnancy termination  MONROE						
Patient's age**	Marrie		Date of pregnancy		ion	Educa	tion						
Race		Yes No	05/1	0/2018					Some Co Ethnicity	llege, No D	egree		
American Indian Native Hawaiian	or Othe		Asian White	Black or a Other	African Amer	rican		ıknown ber now d	Hispa  Not H	nic or Latino Iispanic or La		☐ Ur	nknown
Live Births:			0						uced termir	0			
Other Termination	15.	umber of spontaneou	0	. (6) 1			Nullic	ber of illu	ucea termin	0			
Dates of termination	is ( <i>Do no</i> 2		ation. If more than			ıt.)		5.			6.		
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s) of Pr	regnancy	/ Terminat	tion
☐ Yes ■	No							1	None		Uterin	e Perforati	ion
								I	Hemorrhage	e 🗆	Cervic	al Lacerat	tion
Fetus viable?  Yes	No	If viable, medical	reason for terminati	ion:				 	nfection	П	Retain	ed Produc	ets
									Other (Spec	if <sub>v</sub> )			
Pathological examin	ation	If yes, results:							outer (spec	<i>(Jy)</i>			
performed?		11 9 05, 1054165											
☐ Yes ■	No							Did this		on of pregnan	cy resul	t in a mate	ernal death?
		•						•					
				Type of T	Γermination P	rocedu	res						
Procedure that Term	inated P	regnancy			Additi	onal Pi	ocedur	e that Ter	minated Pr	egnancy			
■ Medical (Nonsurgical) Mifepristone													
Medical (Nonsu  Medical (Nonsu	Misoprostol	□ N	<b>l</b> edical	(Nonsu	rgical) N	Aisoprostol Other (Speci							
iviedicai (Nonst	iigicai) (	Other (specify)		ieuicai	(INOIISU	irgicai) C	ottiei (speci	<i>(19)</i>					
☐ Medical (Surgion Med		tion Curettage Istrual Aspiration							on Curettag strual Aspir				
Medical (Surgio	cal) Oth	er (Specify)				Iedical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For M	edical	Surgica	al) proced	lures, answ	er the follow	ing ques	tion.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 week	ks?	Was		us viabl Yes [		a post ferti	ilization age	at least 2	20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the following qu	uestions.	If the j	previou	s quest	ion was a	nswered ye	es, complete t	he follo	wing ques	stions.
		t opportunity to surv	rive?		Was				opportunit	y to survive?			
☐ Yes [	☐ No						Yes [	No					
		ermination that the protocol to avert death or ser								nat the pregna th or serious			
woman?	occuure	to avert death of ser	ious impuniment to	uie pregna	wom		a the pr	occurre (	o avert dea	or serious	puii.i	ient to the	program
Date last normal me			Ph	nysician est	timate of gest		n week:	s)	Post fer	rtilization age		fetus (in w	veeks)
How were the gestat		27/2018	n age determined?		9						7		
ULTRASOUND	agt	and post fortilization	age determined:										
Full name of physici		rming termination											
DR. CAROL DELL Address of physician		ning termination (nu	mher and street cits	v state an	nd zin code)								
200 S. MERIDIAN				,, s.a.c, an	S.p couc)								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year	r):						-			
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 05/23/2018	8						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (MONROE CO.) - 421 SOL	ITH COLLEGE AVENUE,	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE								
D-4:4'**	T	D-tf	::	Education							
Patient's age** 30	Married ☐ Yes ■ No	Date of pregnancy term <b>05/17/201</b>		Education	Bach	nelor's Degree					
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	Asian Black White Othe	k or African A			y anic or Latino Hispanic or Latino					
Live Births:	Number now living	2		N	umber now deceased	0					
Other Termination	Number of spontaneo	us terminations 0		N	umber of induced termi	nations 1					
Dates of termination	ns (Do not include this termin	nation. If more than six (6)		recent.)	5.	6					
Fetus delivered alive	1	ime fetus survived:			Complie	cation(s) of Pregnancy Termination					
☐ Yes ■	No				■ None	☐ Uterine Perforation					
					☐ Hemorrhag	e Cervical Laceration					
Fetus viable?  Yes	,	reason for termination:			☐ Infection	Retained Products					
					Other (Spec	cify)					
Pathological examin	nation If yes, results:										
performed?											
☐ Yes ■	No				Did this termination  Yes N	on of pregnancy result in a maternal death?					
		Туре	of Termination	on Procedures							
Procedure that Term	ninated Pregnancy		A	Additional Procedure that Terminated Pregnancy							
	urgical) Mifepristone			☐ Medical (Nonsurgical) Mifepristone							
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgi	cal) Suction Curettage		_	Medical (Su	urgical) Suction Curetta	ge .					
☐ Medical (Surgio	cal) Menstrual Aspiration			Medical (Su	argical) Menstrual Aspi argical) Other (Specify)	ration					
Medical (Surgio	cal) Other (Specify)			] Medicai (St	irgicai) Other ( <i>specify)</i>						
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.	Fo	or Medical (Su	rgical) procedures, answ	ver the following question.					
Was the fetus viab	le or have a post fertilization ☐ No	age at least 20 weeks?	,		viable or have a post fer   No	tilization age at least 20 weeks?					
If the previous quest	tion was answered yes, comp	elete the following question	ns. If	the previous q	uestion was answered y	es, complete the following questions.					
	en the best opportunity to sur	vive?	,		given the best opportuni	ty to survive?					
	s for determination that the p	regnant woman had a con-	dition	_	_	hat the pregnant woman had a condition					
that required the p	rocedure to avert death or ser		egnant t	that required th		ath or serious impairment to the pregnant					
woman?			'	woman?							
Date last normal ma	enses hegan	Dhysicia	ın estimata of	gestation /in	pooks) Doct fo	ertilization age of the fetus (in weeks)					
	Date last normal menses began  O3/12/2018  Physician estimate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)  7										
How were the gestat	tional age and post fertilization										
OLINASOUND	LIRASOUND										
Full name of physic	ian performing termination										
DR. CAROL DELL	INGER										
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip cod	le)							
	, 										
**Date Reported	to DCS, if Patient under	16 (month, day, year):				_					
DATE RECEIVE	ED BY ISDH (month, day,	year): 05/23/2018				_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna				County of pregnancy termination  MONROE			
Patient's age**	Marrie		Date of pregnancy term		Educa	tion						
Race		Yes No	05/17/20	18				Some Co Ethnicity	llege, No Degre	ee		
American Indian Native Hawaiian	or Othe		Asian Blace White Other		can American		nknown oer now d	☐ Hispa ■ Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:			0					uced termin	0			
Other Termination	15.	umber of spontaneou	0			Nulli	ber of illu	iced termin	0			
Dates of termination	is ( <i>Do no</i> 2		ation. If more than six (6		· · · · · · · · · · · · · · · · · · ·		5.		6.			
Fetus delivered alive	e?	If yes, length of ti						Complic	ation(s) of Pregna	ncy Termination		
☐ Yes ■	No						■ N	None	☐ Ute	erine Perforation		
							☐ F	Hemorrhage	e 🔲 Cer	vical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection	☐ Ret	ained Products		
								Other (Spec	_			
Pathological examin	ation	If yes, results:						outer (spec	ijy)			
performed?		11 9 05, 1054165										
☐ Yes ■	No						Did this			sult in a maternal death?		
		•					•					
			Туре	e of Termi	nation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	rocedur	e that Ter	minated Pro	egnancy			
☐ Medical (Nonsu	ıroical)	Mifenristone		☐ Medical	(Nonsi	ırgical) M	lifepristone					
Medical (Nonsu  Medical (Nonsu	irgical)	Misoprostol		☐ Medical	(Nonsu	rgical) M	Iisoprostol Other (Speci					
iviedicai (Nonst	iigicai)	Other (specify)		Wiedicai	(INOIISU	ilgical) C	nnei (speci	Jy)				
Medical (Surgion Medica		tion Curettage strual Aspiration						on Curettag strual Aspir				
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgio	al) Other	(Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) proced	ures, answ	er the following q	uestion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viabi Yes [		a post ferti	lization age at lea	st 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	ıs quest	ion was a	nswered ye	s, complete the fo	ollowing questions.		
Was the fetus give	n the bes	st opportunity to surv	rive?		Was the fet	us give	n the best	opportunit	y to survive?			
☐ Yes [		11 7				Yes [			,			
			regnant woman had a cor ious impairment to the pr							oman had a condition irment to the pregnant		
woman?	rocedure	to avert death of ser	rous impairment to the pi	regnam	woman?	a me pi	ocedure i	o aven dea	in or serious impa	irment to the pregnant		
					1							
Date last normal me	nses beg	an	Physicia	an estimat	e of gestation (	in week	s)	Post fer	tilization age of t	he fetus (in weeks)		
How was the		30/2018	on aga datamain - 49		7					5		
How were the gestat  ULTRASOUND	nonal age	z anu post tertilizatio	ni age determined?									
Full name of physici		rming termination										
DR. CAROL DELL		alma tamasia di	mb on and -treet 22	40 1 .	2 22 42							
200 S. MERIDIAN			mber and street, city, sta <b>3225</b>	ie, ana zip	coae)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):									
DATE RECEIVE	ED BY	ISDH (month, dav.	year): 05/23/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, LOOMINGTON, IN, 47403  City of town, of pregnancy termination  MONROE  MONROE												
Patient's age**	Marrie	ad.	Date of pregna	ancy term	ination	Educa	ation						
26		Yes No		)5/17/201		Zauci				ciate Degr	ee		
Race American Indian			Asian	☐ Black	k or Africa	an American				nic or Latino			
Native Hawaiiar		er Pacific Islander  Jumber now living	■ White	Othe	r			known oer now d		Hispanic or L	atino	Unknov	wn
Live Births:	N	Number of spontaneo	us terminations				Numb	per of ind	uced termin	nations			
Other Termination  Dates of termination	13.	ot include this termin	0	an six (6)	). those mo	ost recent.)				0			
1			3			4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					Complic	ation(s) of P	regnancy	Termination	
l les 🕒	NO							■ N	None		Uterine	Perforation	
Fetus viable?		If viable, medical	reason for termi	ination:				☐ I	Hemorrhag	е 🗆	Cervica	al Laceration	
☐ Yes ■	No	,						□ I	nfection		Retaine	ed Products	
									Other (Spec	rify)			
Pathological examin	nation	If yes, results:											
Yes •	No										ıcy result	in a maternal	death?
								☐ Yes	s 🔳 No	)			
					-£.T	4i P - 1							
December of the	17	D		Туре	or Termin	nation Procedu		- 41- 1 T					
Procedure that Term						Additional P				•			
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Medica									/lisoprostol				
Medical (Nonsi	urgical)	Other (Specify)				☐ Medical	l (Nonsu	ırgical) C	Other (Spec	ify)			
Medical (Surgion Medica		ction Curettage nstrual Aspiration							on Curetta				
Medical (Surgion									r (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	n.		For Medical	(Surgica	al) proced	lures, answ	er the follow	ing quest	ion.	
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 v	weeks?			tus viabl Yes [		a post fert	ilization age	at least 20	) weeks?	
If the previous ques	tion was	answered yes, comp	lete the followin	ng question	ns.	If the previous	us quest	ion was a	nswered ye	es, complete t	he follow	ving questions.	
Was the fetus give ☐ Yes [		st opportunity to surv	vive?				tus giver Yes [		opportunit	y to survive?			
What was the basi	s for det	ermination that the p	regnant woman	had a con	dition	What was t	the basis	s for deter	mination tl	nat the pregna	ant woma	ın had a condit	tion
		e to avert death or ser										ent to the preg	
Date last normal me	nses beg	gan		Physicia	n estimate	e of gestation (	in week	s)	Post fe	rtilization age	e of the fe	etus (in weeks)	)
	04	/05/2018	on ogo 1-t	.49		9					7		
How were the gestar ULTRASOUND	uonai ag	ge and post fertilizatio	on age determine	eu ?									
Full name of physic DR. CAROL DELL													
		ming termination (nu	mber and street,	, city, state	e, and zip	code)							
200 S. MERIDIAN	-	-											
**D D 1	4- DGG	CICD-A	167	,									
-		s, if Patient under	05/00/							-			
DATE RECEIVE	ED BY	ISDH (month, day,	vear): 05/23/2	-010									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	County of pregnancy termination MONROE							
Patient's age**	Marriad	Date of pregnancy term	ination	Educa	tion		1				
20	Married ☐ Yes ■ No	05/17/20 <sup>-</sup>		Educa	tion	High Scho	ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		nn American			anic or Latino Hispanic or Latino   Unknown				
Other Termination	Number of spontaneo	us terminations			Numb	per of induced termi					
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			0				
1		3				5	6				
Fetus delivered alive	, ,	me fetus survived:				Compli	cation(s) of Pregnancy Termination				
l les 🕒	110					None	☐ Uterine Perforation				
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration				
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products				
						☐ Other (Spec	cify)				
Pathological examin	nation If yes, results:										
performed?	No					Did this terminati	on of pregnancy result in a maternal death?				
	110					Yes N					
		Туре	of Termin	nation Procedur	res						
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy				
Medical (Nonsi	urgical) Mifepristone			☐ Medical (Nonsurgical) Mifepristone							
Medical (Nonsi	urgical) Misoprostol urgical) Other (Specify)			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
ivicultur (1vonsi	argical) Other (Specify)			Wiediean	(1 tollsu	rgical) Other (spec	937				
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical	(Surgic (Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration				
Medical (Surgion	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)					
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab ☐ Yes	le or have a post fertilization  ☐ No	age at least 20 weeks?			us viabl Yes [		tilization age at least 20 weeks?				
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?				
	s for determination that the p	ragnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition				
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant				
woman?				woman?							
Date last normal me	onses began 03/13/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6				
How were the gestar	tional age and post fertilization	on age determined?					•				
ULTRASOUND											
Full name of physic DR. CAROL DELL	ian performing termination										
	n performing termination (nu	mber and street, city, stat	e, and zip	code)							
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225									
_	to DCS, if Patient under		<del></del>				_				
DATE RECEIVE	ED BY ISDH (month, day,	year):05/23/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	D (PPCSI) (N	MONROE CO.) - 421 SOU	ITH COLLEGE AVENUE,	City or town	ty or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE								
D-4:	1		D-to-of		- Pi	4:-							
Patient's age** 24	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/10/20		Educa	tion	Some C	College, No Degree					
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	k or African A	american	Un	Ethnici Hispaknown  Not	ty panic or Latino Hispanic or Latino					
Live Births:	N	umber now living	1			Numb	ber now deceased	0					
Other Termination	ns: N	umber of spontaneo	us terminations 0			Numb	ber of induced term	ninations 0					
			nation. If more than six (6)		ecent.)								
Fetus delivered alive			me fetus survived:	4			5 Compl	ication(s) of Pregnancy Termination					
Yes •		ii yes, lengui oi u	me ietus survivea:				None	Uterine Perforation					
Fetus viable?		If viable, medical	reason for termination:				Hemorrha	_					
☐ Yes ■	No						☐ Infection	Retained Products					
							Other (Spe	ecify)					
Pathological examir performed?	nation	If yes, results:											
☐ Yes ■	No						Did this terminat	tion of pregnancy result in a maternal death?					
			Туре	of Termination	on Procedu	res							
Procedure that Term	ninated P	regnancy		Ac	lditional Pi	ocedur	e that Terminated l	Pregnancy					
Medical (Nons					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nons)					Medical Medical	(Nonsu (Nonsu	irgical) Misoprostorgical) Other (Spe	ol ecify)					
■ Medical (Surgical) Suction Curettage													
	ical) Mer	strual Aspiration			Medical	(Surgic	cal) Menstrual Asp cal) Other (Specify	piration					
iviedicai (Surgi	icai) Oili	а (вресцу)			Nieuicai	(Surgic	cai) Outer (Specify	)					
For Medical (Surgion	cal) proce	dures, answer the fo	ollowing question.	Fo	r Medical (	(Surgica	al) procedures, ans	wer the following question.					
	ole or hav	e a post fertilization	age at least 20 weeks?	\	_	us viabl Yes [		rtilization age at least 20 weeks?					
If the previous ques	stion was	answered yes, comp	elete the following question	ons. If	the previou	ıs quest	ion was answered	yes, complete the following questions.					
Was the fetus give ☐ Yes [		t opportunity to sur	vive?	\		us givei Yes [	n the best opportun  No	ity to survive?					
What was the basi	is for dete	ermination that the p	regnant woman had a con	dition V	What was t	he basis	for determination	that the pregnant woman had a condition					
			rious impairment to the pr	regnant t				eath or serious impairment to the pregnant					
woman :				\	voman?								
Date last normal me	enses hee	an	Physicia	an estimate of	gestation (i	in week	s) Post t	fertilization age of the fetus (in weeks)					
Sate last normal file	_	07/2018	1 Hysicia		12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, 10311	10					
_	How were the gestational age and post fertilization age determined?												
ULTRASOUND													
Full name of physic	cian perfo	rming termination											
DR. CAROL DELL	INGER												
Address of physicia 200 S. MERIDIAN	_	-	mber and street, city, stat	te, and zip cod	(e)	_							
200 G. WILKIDIAN	J1, 1ND	ISINAI OLIO, IIV 4											
**Date Reported	to DCS	, if Patient under	16 (month, day, year):					_					
DATE RECEIVI	ED BY 1	ISDH (month, day.	vear): 05/23/2018										

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOU	City or to	y or town, of pregnancy termination <b>BLOOMINGTON</b>					County of pregnancy termination  MONROE				
Patient's age**	Marrie		Date of pregnance			Educa	tion					
22 Race	[	Yes No	05/	/17/2018	1			Н	igh Scho		na or GEI	)
American Indian Native Hawaiian	or Othe		Asian White	Black of Other	or Africa	n American		iknown oer now d	Hispa  Not H	nic or Lati Iispanic or		Unknown
Live Births:			0						uced termin	0		
Other Termination	15.	umber of spontaneou	0				Nullit	ber of fild	ucea terriir	0		
Dates of termination	is ( <i>Do no</i>	ot include this termin	ation. If more than 3					5.			6.	
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s) of	Pregnanc	y Termination
☐ Yes ■	No							1	None		Uterin	e Perforation
5		70	0					 	Hemorrhage	e [	☐ Cervic	al Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termina	ation:				 	nfection		☐ Retain	ed Products
									Other (Spec	ifv)		
Pathological examin	ation	If yes, results:							(~ <i>I</i>	977		
performed?												
☐ Yes ■	110							Did this			ancy resul	t in a maternal death
				Type of	f Termina	ation Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure									minated Pr	egnancy		
Medical (Nonsu				/lifepristone								
Medical (Nonsu Medical (Nonsu				Aisoprostol Other (Speci								
Medical (Surgio	cal) Suc	tion Curettage				Medical	(Suroic	eal) Sucti	on Curettag	ore.		
	cal) Mei	nstrual Aspiration				■ Medical	(Surgic	al) Mens	strual Aspir r (Specify)			
iviedicai (Surgio	cai) Oui	er (specify)				Wiedicai	(Surgic	ai) One	і (зресіју)			
												_
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.			For Medical	(Surgica	al) proced	lures, answ	er the follo	owing ques	tion.
Was the fetus viab		e a post fertilization	age at least 20 we	eeks?		Was the fet	us viabl Yes [		a post fert	ilization ag	ge at least ?	20 weeks?
If the previous quest	tion was	answered yes, compl	ete the following	questions	3.	If the previou	ıs quest	ion was a	nswered ve	es, complet	e the follo	wing questions.
Was the fetus give	n the bes	st opportunity to surv	ive?	•		Was the fet	us givei	n the best	opportunit	v to surviv	e?	
Yes [		opportunity to surv					Yes [		оррогили	y to surviv		
		ermination that the pr										an had a condition
woman?	rocedure	to avert death or seri	ious impairment to	o tne preg	gnant	woman?	a tne pr	ocedure t	o avert dea	tn or serioi	us impairn	nent to the pregnant
Date last normal me	_		F	Physician	estimate	of gestation (i	in week.	s)	Post fe	rtilization a	-	fetus (in weeks)
How were the gestat		15/2018 e and post fertilization	n age determined	1?		8					6	
ULTRASOUND	ag	- and poor forumzatio	ago determined									
Full name of physici		rming termination										
DR. CAROL DELL Address of physician		ning termination (num	mber and street. c	city, state.	and zip c	ode)						
200 S. MERIDIAN					- r -	*						
_		, if Patient under 1								-		
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 05/23/20	)18						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	) (PPCSI) (MONROE CO.) - 421 SOL	JTH COLLEGE AVENUE,	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE				
<u> </u>			•				
Patient's age**	Married	Date of pregnancy term		Educa	tion	_	
24	☐ Yes ■ No	05/17/20	18				elor's Degree
Race American Indian			k or Africa	n American			nic or Latino
	n or Other Pacific Islander Number now living	■ White □ Othe	er			known Not I	Hispanic or Latino Unknown
Live Births:		0					0
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced termin	nations 0
Dates of termination	ns (Do not include this termin	nation. If more than six (6		st recent.)		5.	6.
Fetus delivered alive		ime fetus survived:				Complic	ration(s) of Pregnancy Termination
☐ Yes ■	No					■ None	☐ Uterine Perforation
							_
Fetus viable?		reason for termination:				Hemorrhag	e Cervical Laceration
☐ Yes ■	No					☐ Infection	Retained Products
						Other (Spec	rify)
Pathological examin	nation If yes, results:						
performed?	No					Did this termination	on of pregnancy result in a maternal death?
	140					Yes No	1 0 1
		Туре	of Termin	ation Procedu	res		
Procedure that Term	ninated Pregnancy			Additional Pr	ocedur	e that Terminated Pr	egnancy
Medical (Nonsu	urgical) Mifepristone			□ Medical	(Noneu	rgical) Mifepriston	a.
Medical (Nonst	urgical) Misoprostol			■ Medical	(Nonsu	rgical) Misoprostol	
Medical (Nonsu	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)
Medical (Surgio	cal) Suction Curettage			☐ Medical	(Surgio	eal) Suction Curetta	ge
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	cal) Menstrual Aspir cal) Other (Specify)	ation
i Wiedicai (Suigi	car) Other (specify)			☐ Wiedicai	(Surgic	ai) Ouiei (Specify)	
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?
If the previous quest	tion was answered yes, comp	plete the following question	ons.	If the previou	ıs quest	ion was answered ye	es, complete the following questions.
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opportunit	y to survive?
	_		4:4:	_	_	_	
	s for determination that the procedure to avert death or ser						nat the pregnant woman had a condition th or serious impairment to the pregnant
woman?				woman?			
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in week.	s) Post fe	rtilization age of the fetus (in weeks)
	03/26/2018			7			5
_	tional age and post fertilization	on age determined?				·	
ULTRASOUND							
Full name of physics DR. CAROL DELL	ian performing termination						
	n performing termination (nu	umber and street. city. star	te, and zip	code)			
	ST, INDIANAPOLIS, IN 4	•	, v-1	,			
**D-4- B	to DCC if D	16 (					
_	to DCS, if Patient under						-
DATE RECEIVE	ED RV ISDH (month day	vagr). U3/23/2018					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (MONROE CO.) - 421 SOL	JTH COLLEGE AVENUE,	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE				
<u> </u>							
Patient's age**	Married	Date of pregnancy term		Educa	tion	_	
31	☐ Yes ■ No	05/17/20	18				elor's Degree
Race				n American	_		nic or Latino
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not For now deceased	Iispanic or Latino Unknown
Live Births:		0					0
Other Termination		0			Numb	per of induced termin	nations 1
Dates of termination 1. 03/10/2015	ns (Do not include this termin	nation. If more than six (6	), those mo	st recent.)		5	6
Fetus delivered alive	e? If yes, length of ti	ime fetus survived:				Complic	ation(s) of Pregnancy Termination
☐ Yes ■	No					■ None	Uterine Perforation
							_
Fetus viable?		reason for termination:				Hemorrhag	e Cervical Laceration
☐ Yes ■	No					☐ Infection	☐ Retained Products
						Other (Spec	ify)
Pathological examin	nation If yes, results:						
performed?	No					Did this towningtic	on of macamanay magylt in a matamal dooth?
l les E	NO					Yes No	on of pregnancy result in a maternal death?
		Туре	of Termin	ation Procedu	res		
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	egnancy
☐ Medical (Nonst	urgical) Mifepristone urgical) Misoprostol			■ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	
Medical (Nonsu	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)
Medical (Surgional Control Contro	cal) Suction Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspir al) Other (Specify)	ation
i Medicai (Surgio	car) Other (specify)			Wiedicai	(Surgic	ai) Oulei ( <i>specify</i> )	
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.
Was the fetus viab ☐ Yes [	ele or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?
If the previous quest	tion was answered yes, comp	plete the following question	ons.	If the previou	is quest	ion was answered ye	es, complete the following questions.
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opportunit	y to survive?
	_		4141	_	_	_	
	s for determination that the procedure to avert death or ser						nat the pregnant woman had a condition th or serious impairment to the pregnant
woman?				woman?			
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in week	s) Post fe	rtilization age of the fetus (in weeks)
	03/15/2018	I nystele		9		, 105010	7
_	tional age and post fertilization	on age determined?				l	
ULTRASOUND							
	ian performing termination						
DR. CAROL DELL	INGER  n performing termination (nu	unhar and streat site stre	to and sin	code)			
	ST, INDIANAPOLIS, IN 4	•	л, ана ДР С	Jue)			
	-, -, -, -, -, -, -, -, -, -, -, -, -, -						
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-
DATE DECEIVE	ED RV ISDH (month day	,,, 05/23/2018					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (I BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	Incy termin			County of pregnancy termination  MONROE		
	d Yes • No	Date of pregnancy term <b>05/10/20</b>		Educa	tion	Hi		ol Diploma or GEI	)	
Race American Indian or Alas Native Hawaiian or Othe		☐ Asian ☐ Blac  ■ White ☐ Other		an American	☐ Unkno	own		nic or Latino ispanic or Latino	☐ Unknown	
Live Births:	umber now living				Number			0		
Other Terminations: N	umber of spontaneou				Number	of indu	ced termin			
Dates of terminations (Do no	ot include this termin	ation. If more than six (6	), those m	ost recent.)						
Fetus delivered alive?	If yes length of ti	me fetus survived:		4		5	Complica	ation(s) of Pregnancy	y Termination	
Yes No	ir yes, length of th	nie ietus sui vivea.				■ N	lone		e Perforation	
						□ н	lemorrhage	☐ Cervic	cal Laceration	
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				☐ Ir	nfection	☐ Retain	ed Products	
							ther (Speci	_		
Pathological examination	If yes, results:						ιμοι (Βρευί	197		
performed?	<b>,</b> ,				_					
☐ Yes ■ No						Did this Yes			t in a maternal death?	
		Туре	e of Termi	nation Procedu	res					
Procedure that Terminated P	regnancy			Additional Pr	ocedure th	nat Terr	ninated Pre	gnancy		
Medical (Nonsurgical)	Mifepristone						lifepristone			
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)										
Medical (Nonsuigical) Other (Specify)										
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
Medical (Surgical) Suc Medical (Surgical) Mer	nstrual Aspiration			☐ Medical	(Surgical)	Mens	trual Aspira			
Medical (Surgical) Oth	er (Specify)			☐ Medical	(Surgical)	Other	(Specify)			
For Medical (Surgical) proce	edures, answer the fo	llowing question.		For Medical	(Surgical) p	procedi	ures, answe	er the following ques	stion.	
Was the fetus viable or hav ☐ Yes ☐ No	e a post fertilization	age at least 20 weeks?			us viable o Yes 🔲 I		a post ferti	lization age at least 2	20 weeks?	
If the previous question was	answered yes, comp	lete the following question	ons.	If the previou	s question	was ar	nswered yes	s, complete the follo	wing questions.	
Was the fetus given the bes ☐ Yes ☐ No	st opportunity to surv	vive?			us given th		opportunity	to survive?		
What was the basis for dete	ermination that the n	regnant woman had a cor	ndition		_		nination th	at the pregnant wom	an had a condition	
that required the procedure				that require				h or serious impairn		
woman?				woman?						
		T =		6			B			
Date last normal menses beg  03/	an 11/2018	Physicis	an estimat	e of gestation (i	n weeks)		Post fer	tilization age of the	retus ( <i>in weeks)</i>	
How were the gestational age	e and post fertilization	on age determined?								
ULTRASOUND										
Full name of physician perfo	rming termination									
DR. CAROL DELLINGER										
Address of physician perform 200 S. MERIDIAN ST, IND	-		te, and zip	code)						
200 O. MENDIAN 31, IND	IANAI OLIO, IN 40									
**Date Reported to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVED BY										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOU	City or	town, of pregna	nncy termination	County of pregnancy termination  MONROE						
Patient's age**	Marrie	d	Date of pregnancy to	ermination	Educa	tion					
22		Yes No	05/10/	2018				ociate Degree			
Race American Indian Native Hawaiian	or Othe			Black or Afric Other	can American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0 us terminations			Number of in		0 inations			
Other Termination	15.		1 ation. If more than six	r (6) those n	nost recent )	Trained of in		0			
1. 03/23/2017	2		3			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No				■ None ☐ Uterine Perfora						
Fetus viable?		If viable medical	reason for termination				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes Yes	No	ii viable, illedical	reason for termination	1.			Infection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did th	is terminati	ion of pregnancy resu	It in a maternal death?		
	110					□ Ye			it iii a maternai deadi :		
			T	ype of Term	ination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
Medical (Nonst						(Nonsurgical)					
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						
	cal) Mer	strual Aspiration			☐ Medical		nstrual Aspi	iration			
- Medicai (Saigh	cur) Gur	a (specify)			- Wedicar	(Surgicur) Our	or (speedy)				
	1)	1 1 6			F 16 11 1	(G : 1)		1 6 11			
For Medical (Surgic	_							ver the following que			
Was the fetus viab  Yes		e a post fertilization	age at least 20 weeks	?		us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following que	stions.	If the previou	is question was	answered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fet	us given the bes	st opportuni	ity to survive?			
☐ Yes [		11 ,			·	Yes No	11				
			regnant woman had a					that the pregnant wor ath or serious impair			
woman?	roccaure	to avert death of sen	ious impairment to the	e pregnant	woman?	d the procedure	to avert de	atii or serious impairi	ment to the pregnant		
Date last normal me	_		Phys	sician estima	te of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat	_	KNOWN  e and post fertilization	n age determined?		9			7			
ULTRASOUND		<u>-</u>									
Full name of physic	_	rming termination									
		ning termination (num	mber and street, city,	state, and zij	p code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225								
**D . D	t- DCC	ic D-4									
-			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/23/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy  MONI				
Patient's age**	Marr	ied	Date of pregnancy term	ination	Educa	tion			
35	Maii	Yes No	05/17/201				Bach	elor's Degree	
Race American Indian Native Hawaiian	or Oth		☐ Asian ■ Blace ☐ White ☐ Othe		an American	_		anic or Latino Hispanic or Latino   Unknown	
Live Births:	,	Number of spontaneou	2 terminations				per of induced termi	0 nations	
Other Termination	3.		1	\		Ivuille	ber of induced termi	0	
UNKNOWN	S ( <i>Do r</i>	iot include this termin	ation. If more than six (6)		ost recent.)  4		5	6	
Fetus delivered alive	?	If yes, length of ti	me fetus survived:				Complie	cation(s) of Pregnancy Termination	
☐ Yes ■ I	No						■ None	☐ Uterine Perforation	
							Hemorrhag	e	
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				☐ Infection	Retained Products	
ies i	NO							_	
Data to the control of the control o	.•	70 1					Other (Spec	ify)	
Pathological examin performed?	atıon	If yes, results:							
☐ Yes ■	No							on of pregnancy result in a maternal death?	
		1					Yes N	J	
			Туре	of Termin	nation Procedu	es			
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
Medical (Nonsu	ırgical)	Mifenristone			☐ Medical	(Nonsu	rgical) Mifepriston	e	
Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsu	rgical) Misoprosto		
Medicai (Nonsu	irgicai)	Other (Specify)				(INONSU	rgical) Other (Spec	יוני)	
Medical (Surgio		ction Curettage enstrual Aspiration			Medical     Medical	(Surgic	cal) Suction Curetta cal) Menstrual Aspi	ge	
Medical (Surgio							cal) Other (Specify)	lation	
For Medical (Surgical	al) prod	cedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.	
	_		age at least 20 weeks?				•	ilization age at least 20 weeks?	
Yes [		eve a post fertilization	age at reast 20 weeks.			res [		inization age at least 20 weeks.	
If the previous quest	ion wa	s answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was answered y	es, complete the following questions.	
Was the fetus given	n the b	est opportunity to surv	vive?		Was the fet	us givei	n the best opportuni	ty to survive?	
☐ Yes [	☐ No					Yes [	No		
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition the or serious impairment to the pregnant	
woman?	ocedui	e to avert death of ser	lous impairment to the pr	egnant	woman?	a the pi	ocedure to avert dea	an or serious impairment to the pregnant	
					<u> </u>				
Date last normal men	nses be	egan	Physicia	n estimat	e of gestation (i	n week:	s) Post fe	rtilization age of the fetus (in weeks)	
How were the		3/15/2018 ge and post fertilization	on aga datamain 19		9			7	
ULTRASOUND	ional a	ge and post tertilizatio	m age determined?						
Full name of physici	an perf	forming termination							
DR. CAROL DELL									
	-	rming termination (nu DIANAPOLIS, IN 46	mber and street, city, stat 6 <b>225</b>	e, and zip	coae)				
		·							
**Date Reported	to DC	S, if Patient under 1	6 (month, day, year):					-	
DATE RECEIVED BY ISDH (month, day, year): 06/24/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						ty or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination  MONROE			
Patient's age**	Marrie		Date of pregna	-		Educa	tion							
25 Race		☐ Yes ■ No	C	05/17/2018	8			Н	Ethnicity		a or GEI	)		
American Indian Native Hawaiian	or Othe		Asian White	☐ Black		an American		nknown ber now d	Hispa  Not H	nic or Latin		Unk	nown	
Live Births:	N	lumber of spontaneou	1 s terminations						uced termin	0				
Other Termination	15.	ot include this termin	0	h an ain (6)	41-000-11		Ivuiii	oci oi ilia	uccu terrim	0				
1	is ( <i>Do no</i> 		3			The state of the s		5			6			
Fetus delivered alive		If yes, length of ti							Complic	ation(s) of	Pregnanc	y Terminatio	n	
☐ Yes ■ 1	No							<b>1</b>	None		Uterin	e Perforation	n	
Fetus viable?		If viable, medical	rassan for tarmi	ination				П	Hemorrhage	e [	Cervic	al Laceratio	n	
Yes •	No	ii viable, medicai	reason for term	ination:		☐ Infection ☐ Retained Products								
									Other (Spec	rify)				
Pathological examin														
performed?				Did this	s terminatio	on of pregn	ancy resul	t in a materr	nal death?					
				Yes			y icsul	. m a matell	iai acutti:					
				Type	of Termii	nation Procedu	res							
Procedure that Term	inated F	regnancy				Additional Pr	ocedur	e that Ter	minated Pr	egnancy				
Medical (Nonsu									Aifepristone Aisoprostol					
Medical (Nonsu									Other (Speci					
Medical (Surgio									on Curettag					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspir r ( <i>Specif</i> y)	ration				
						_			. 1					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	n		For Medical	Surgic	al) proced	lures answ	er the follo	wing ques			
		ve a post fertilization	• .			Was the fet					- 1			
Yes [		e a post fertifization	age at least 20 v	weeks:			Yes [		a post tert	inzauon ag	e at least .	20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the followin	ng question	ıs.	If the previou	ıs quest	ion was a	nswered ye	es, complete	e the follo	wing questic	ons.	
		st opportunity to surv	ive?			Was the fet			opportunit	y to survive	e?			
☐ Yes [							Yes [	_						
		ermination that the pre-										an had a cor nent to the p		
woman?			-			woman?	_							
									_					
Date last normal me		gan KNOWN		Physician	n estimate	e of gestation (a	in week	s)	Post fe	rtilization a	ge of the	fetus (in wee	ks)	
		e and post fertilization	n age determine	ed?										
ULTRASOUND														
Full name of alamin														
Full name of physici DR. CAROL DELL		numg termination												
1 *		ming termination (num		, city, state	, and zip	code)								
200 S. MERIDIAN	ST, IND	JIANAPOLIS, IN 46	225											
**Date Reported to DCS, if Patient under 16 (month, day, year):														
DATE RECEIVE														

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	City or town	, of pregna	•		County of pregnancy termination MONROE					
Dations 2	1		Deta of		T-1	4:-				
Patient's age** 23	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>05/17/20</b> °		Educa	tion	High S	choo	l Diploma or GED	
Race American India	n or Alasi	za Native	☐ Asian ☐ Blac	k or African A	marican			nicity	nic or Latino	
☐ Native Hawaiiai	n or Othe	r Pacific Islander	■ White ☐ Othe		merican		known 🔳	Not Hi	spanic or Latino Unknown	
Live Births:		umber now living	0				per now decease		0	
Other Termination	113.	umber of spontaneo	0			Numb	per of induced t	ermina	ations 0	
			ation. If more than six (6)		ecent.)		5		4	
Fetus delivered aliv			me fetus survived:					nplica	tion(s) of Pregnancy Termination	
☐ Yes ■	No						■ None		☐ Uterine Perforation	
							☐ Hemoi	rhage		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infecti	Ü	Retained Products	
	110								_	
Pathological examin	nation	If yes, results:			Other (Specify)					
performed?		ii yes, iesuits.								
☐ Yes ■	No							inatior No	n of pregnancy result in a maternal death?	
			Туре	of Termination	n Procedu	res				
Procedure that Tern	ninated P	regnancy		Ad	lditional Pı	ocedure	e that Terminat	ed Pre	gnancy	
Medical (Nons)					Medical	(Nonsu	rgical) Mifepr	istone		
Medical (Nons Medical (Nons					Medical Medical	(Nonsu (Nonsu	rgical) Misopargical) Other (	ostol <i>Specif</i>	y)	
Medical (Surgi	ical) Suct	ion Curettage		_	Medical	(Surgic	al) Suction Cu	rettag	<u> </u>	
	ical) Mer	strual Aspiration			Medical	(Surgic	eal) Menstrual eal) Other (Spe	Aspira		
	icai) Oin	н (зресцу)			Medicai	(Surgic	ai) Other ( <i>spe</i>	cijy)		
For Medical (Surgion	cal) proce	dures, answer the fo	llowing question.	Fo	r Medical (	(Surgica	al) procedures,	answe	r the following question.	
	ole or hav	e a post fertilization	age at least 20 weeks?	7		us viabl Yes [		t fertil	ization age at least 20 weeks?	
If the previous ques	tion was	answered yes, comp	lete the following question	ons. If t	he previou	is quest	ion was answer	ed yes	, complete the following questions.	
Was the fetus give ☐ Yes		t opportunity to surv	vive?	V		us givei Yes [	n the best oppo	rtunity	to survive?	
What was the basi	is for dete	rmination that the p	regnant woman had a con	dition V	Vhat was t	he basis	for determinat	ion tha	at the pregnant woman had a condition	
			ious impairment to the pr	regnant t					n or serious impairment to the pregnant	
woman:					voman :					
Date last normal me	enses hea	an	Physicis	an estimate of	gestation (i	in week	s)   Pa	ost fert	ilization age of the fetus (in weeks)	
	03/	20/2018			8	,	,	1010	6	
How were the gesta  ULTRASOUND	tional age	and post fertilization	on age determined?							
OLINASOUND										
Full name of physic	cian perfo	rming termination							1	
DR. CAROL DELL	INGER									
Address of physicia 200 S. MERIDIAN	_	-	mber and street, city, stat 6 <b>225</b>	te, and zip cod	e)					
	,									
**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	vear): 05/23/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	) (PPCSI) (MONROE CO.) - 421 SOU	ITH COLLEGE AVENUE,	City or town, of pregnancy termination <b>BLOOMINGTON</b>				County of pregnancy termination MONROE
	T			I = -			
Patient's age** 24	Married ☐ Yes ■ No	Date of pregnancy term 05/10/20		Educatio		Some Co	ollege, No Degree
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ■ White ☐ Other	k or African An		Unknown	Ethnicity Hispa Not H	, anic or Latino Hispanic or Latino ☐ Unknown
Live Births:	Number now living	0		1	Number now de	eceased	0
Other Termination	Number of spontaneo	us terminations 0		1	Number of indu	iced termi	nations 1
Dates of termination 01/03/2017	ns (Do not include this termin	nation. If more than six (6	**	cent.)	5		6
Fetus delivered alive	1	me fetus survived:	4		5		cation(s) of Pregnancy Termination
☐ Yes ■	No				■ N	lone	Uterine Perforation
F	TC : 11 1: 1	6			п	Iemorrhag	e Cervical Laceration
Fetus viable?  Yes	,	reason for termination:			☐ Ir	nfection	Retained Products
						ther (Spec	eify)
Pathological examin	nation If yes, results:						
performed?	No				Did this	termination	on of pregnancy result in a maternal death?
					☐ Yes	■ No	0
		T	of Tamaia - +i	Dross d			
Drogodyr 45 - 4 T	ninated Drawner	Туре	e of Termination			ninat-JP	racmanav.
Procedure that Term					cedure that Terr		
Medical (Nonst	urgical) Mifepristone urgical) Misoprostol			Medical (N	Nonsurgical) M Nonsurgical) M	lisoprostol	
Medical (Nonsu	urgical) Other (Specify)			Medical (N	Nonsurgical) O	ther (Spec	ify)
Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration			Medical (S	Surgical) Suction Surgical) Mens	trual Aspi	
Medical (Surgio	cal) Other (Specify)			Medical (S	Surgical) Other	(Specify)	
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	For	Medical (St	urgical) proced	ures, answ	er the following question.
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?	W	_	viable or have	a post fert	ilization age at least 20 weeks?
If the previous quest	tion was answered yes, comp	elete the following question	ons. If th	e previous	question was ar	nswered ye	es, complete the following questions.
	en the best opportunity to sur	vive?	W		given the best	opportunit	ey to survive?
☐ Yes [				_	es 🗌 No		
that required the pr	s for determination that the p rocedure to avert death or ser		regnant tha	at required t			hat the pregnant woman had a condition th or serious impairment to the pregnant
woman?			wo	oman?			
Date last normal me	enses hegan	Dlaveice	an estimate of ge	etation (in	weeks)	Post fo	rtilization age of the fetus (in weeks)
	03/20/2018		estimate 01 ge	5	weeks)	rost le	rtilization age of the fetus ( <i>in weeks</i> )
How were the gestat	tional age and post fertilization	on age determined?				_	
OLINASOUND							
Full name of physic	ian performing termination						
DR. CAROL DELL		umban and attended	to and === 1 \				
	n performing termination (nu ST, INDIANAPOLIS, IN 4		е, ина zīp code)	•			
•	to DCS, if Patient under						-
DATE RECEIVE	ED BY ISDH (month, day,	<i>vear</i> ): 05/23/2018					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOU	City or	town, of pregna	nncy termination	County of pregnancy termination  MONROE						
Patient's age**	Marrie	d	Date of pregnancy ter	mination	Educa	tion					
18		Yes No	05/10/2					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Bla White Otl		can American	Unknown Number now	■ Not	y vanic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			0			Number of inc		0			
Other Termination	15.	umber of spontaneou	0			Number of me	iucea term	0			
Dates of termination	1S ( <i>Do no</i> 2		ation. If more than six (			5.		6.			
Fetus delivered alive	<del></del>	If yes, length of tir					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No						None	☐ Uterii	ne Perforation		
							Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	_	ned Products		
	110							_	ica i roducts		
Pathological examin	ation	If yes, results:					Other (Spe	cify)			
performed?	iation	if yes, results.									
☐ Yes ■	No					Did th ☐ Ye			It in a maternal death?		
						<u>                                 </u>					
			Ту	pe of Term	ination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
☐ Medical (Nonst						(Nonsurgical)					
Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
		( <u>F</u> <u>0</u> 5)				( 8 ,	(-7				
	1) (1	· C #			Medical (Surgical) Suction Curettage						
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Mer	strual Aspi	iration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgical) proce	dures, ansv	wer the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or hav Yes   No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following quest	ions.	If the previou	is question was	answered y	res, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the bes	t opportuni	ity to survive?			
	_				_	_					
			regnant woman had a co lous impairment to the					that the pregnant won ath or serious impair			
woman?					woman?						
					1						
Date last normal me	_	an 11/2018	Physic	cian estima	te of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat			n age determined?		0			0			
ULTRASOUND											
Full name of physics		rming termination									
DR. CAROL DELL Address of physician		ning termination (num	mber and street, city, st	ate, and zir	p code)						
200 S. MERIDIAN	•	•									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 05/23/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City	Sity or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination  MONROE						
Patient's age**	Marrie		Date of pregnancy		on E	luca	tion						
19 Race		Yes No	05/10	0/2018					Some Co		lo Degree		
American Indian Native Hawaiian	or Othe			Black or A Other	African Americ	an		known oer now d	☐ Hispa ■ Not H	nic or La			Unknown
Live Births:			0						uced termin	O	)		
Other Termination	15.	umber of spontaneou	0				Nullic	ber of mu	ucea teriiii	C	)		
Dates of termination	is ( <i>Do no</i> 2		ation. If more than s		· · · · · · · · · · · · · · · · · · ·			5.			6.		
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s)	of Pregnanc	y Teri	nination
☐ Yes ■	No							1	None		☐ Uterir	ne Per	foration
								I	Hemorrhag	e	☐ Cervi	cal La	ceration
Fetus viable?  Yes	No	If viable, medical	reason for termination	on:				 	nfection		☐ Retain	ned Pr	oducts
					Other (Spec	rify)	_						
Pathological examin					outer (spec	ijy)							
performed?													
☐ Yes ■				Did thi			gnancy resu	lt in a	maternal death?				
			<u> </u>	Type of To	ermination Proc	<u>ed</u> ui	res_						
Procedure that Term	inated P	regnancy			Addition	al Pr	ocedur	e that Ter	minated Pr	egnancy		_	
Medical (Nonsu									/lifepriston				
Medical (Nonsu	irgical)	Misoprostol			☐ Med	lical	(Nonsu	rgical) N	/lisoprostol				
Medical (Nonsu	irgicai)	Other ( <i>Specify</i> )			L Med	ncai	(INOIISU	rgicai) (	Other (Spec	(JY)			
Medical (Surgion Medica		tion Curettage astrual Aspiration							on Curetta strual Aspin				
Medical (Surgio									r (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Med	ical (	Surgica	al) proced	lures, answ	er the fol	lowing que	stion.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 week	s?			us viabl Yes [		a post fert	ilization	age at least	20 we	eks?
If the previous quest	ion was	answered yes, comp	lete the following qu	estions.	If the pre	viou	s quest	ion was a	nswered ye	es, compl	ete the follo	wing	questions.
		t opportunity to surv	rive?						opportunit	y to surv	ive?		
☐ Yes [	☐ No					☐ `	Yes [	No					
		ermination that the protocol to avert death or ser											d a condition o the pregnant
woman?				F8	woman		F-						F8
Date last normal me			Phy	ysician esti	imate of gestati	on (i	n week.	s)	Post fe	rtilizatior	age of the	fetus	(in weeks)
How were the gestat		09/2018	n age determined?		9						7		
ULTRASOUND	agt	and post fortilization	ago actoriminou:										
Full name of physici		rming termination											
DR. CAROL DELL Address of physician		ning termination (nu	mher and street city	state an	d zin code)								
200 S. MERIDIAN				, some, und	s.p ::ouc)								
**Date Reported						-							
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/23/2018	<b>.</b>						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or to	y or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE							
<u> </u>									
Patient's age**	Married	Date of pregnancy term		Educa	tion	_			
24	■ Yes □ No	05/10/20	18				elor's Degree		
Race				n American	_		nic or Latino		
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			nknown Not I	Hispanic or Latino Unknown		
Live Births:		0					0		
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6		st recent.)		5.	6.		
Fetus delivered alive		ime fetus survived:		*		Complic	ation(s) of Pregnancy Termination		
☐ Yes ■	, ,					■ None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
☐ Yes ■	No					☐ Infection	Retained Products		
				Other (Specify)					
Pathological examin	nation If yes, results:								
performed?	No					Did this tampinati	on of pregnancy result in a maternal death?		
l les E	NO					Yes N	1 0 1		
		Туре	of Termin	ation Procedu	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedur	e that Terminated Pr	egnancy		
	urgical) Mifepristone					rgical) Mifepriston			
☐ Medical (Nonst	urgical) Misoprostol			■ Medical	(Nonsu	rgical) Misoprostol			
Medical (Nonsu	urgical) Other (Specify)			☐ Medical	(Nonsu	argical) Other (Spec	ify)		
Medical (Surgional Control Contro	cal) Suction Curettage			☐ Medical	(Surgio	cal) Suction Curetta	ge		
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ation		
iviedicai (Suigi	car) Other (specify)			☐ Wiedicai	(Surgic	cai) Outer (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	plete the following question	ons.	If the previou	ıs quest	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opportunit	y to survive?		
	_		4141	_	_	_			
	s for determination that the procedure to avert death or ser						nat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in week.	s) Post fe	rtilization age of the fetus (in weeks)		
Indiana inc	03/20/2018	T II y sien		6	,	7 050 10	4		
_	tional age and post fertilization	on age determined?				l			
ULTRASOUND									
	ian performing termination								
DR. CAROL DELL	<b>.INGER</b> n performing termination (number of the performing termination)	umbar and atmost site	to and -i-	code)					
	ST, INDIANAPOLIS, IN 4	•	ле, ана Дір (	coue)					
	-, -								
_	to DCS, if Patient under						-		
DATE RECEIVE	ED RV ISDH (month day	vagr). 05/23/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MON BLOOMINGTON, IN, 47403	City or to	ity or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE							
, ,			<u>I</u>						
Patient's age** Married	🗖	Date of pregnancy term		Educa	tion			IBI I	
Race	Yes No	05/10/201	18				h Schoo Ethnicity	ol Diploma or GED	
American Indian or Alaska				n American		[	☐ Hispa	nic or Latino	
Native Hawaiian or Other Pa	ber now living	■ White ☐ Othe	er			known er now dec		Iispanic or Latino  Unknown	
Live bit tils.	ber of spontaneo	2 us terminations			Numh	per of induc	ed termir	0 nations	
Other Terminations.	•	0	\ #		Tvuille	oci oi maac	ea terrim	0	
Dates of terminations (Do not in		nation. If more than six (6)		st recent.)		5.		6	
Fetus delivered alive?		me fetus survived:		*			Complic	ation(s) of Pregnancy Termination	
☐ Yes ■ No						■ No	ne	Uterine Perforation	
						П на	morrhage	_	
	f viable, medical	reason for termination:						_	
☐ Yes ■ No				☐ Infection ☐ Retained Products					
						Otl	ner ( <i>Spec</i>	ify)	
Pathological examination I performed?	f yes, results:								
Yes No				Did this to	erminatio	on of pregnancy result in a maternal death?			
				☐ Yes	■ No	)			
		Туре	of Termina	ation Procedur	res				
Procedure that Terminated Preg	nancy			Additional Pr	ocedure	e that Termi	inated Pr	egnancy	
☐ Medical (Nonsurgical) Mit	fepristone			☐ Medical	(Nonsu	rgical) Mif	fepristone	e	
Medical (Nonsurgical) Mis Medical (Nonsurgical) Oth	soprostol			■ Medical	(Nonsu	rgical) Mis	soprostol		
	ici (Specijy)			ivieuicai	(1voiisu	irgicai) Otii	ici (speci	99)	
<ul><li>Medical (Surgical) Suction</li><li>Medical (Surgical) Menstr</li></ul>				☐ Medical	(Surgic	eal) Suction eal) Menstra	Curettag	ge	
Medical (Surgical) Other (				☐ Medical	(Surgic	cal) Other (	Specify)	unon	
For Medical (Surgical) procedu	res, answer the fo	llowing question.		For Medical (	Surgica	al) procedur	es. answ	er the following question.	
Was the fetus viable or have a								ilization age at least 20 weeks?	
Yes No	post tertifization	age at least 20 weeks?			Yes [		post tert	inization age at least 20 weeks?	
If the previous question was ans	swered yes, comp	lete the following question	ns.	If the previou	s questi	ion was ans	wered ye	es, complete the following questions.	
Was the fetus given the best of	pportunity to surv	vive?		Was the fet	us giver	n the best or	portunit	y to survive?	
☐ Yes ☐ No	,				Yes [		. 1		
What was the basis for determ								nat the pregnant woman had a condition	
that required the procedure to woman?	avert death or ser	rious impairment to the pr	egnant	woman?	d the pr	ocedure to a	avert dea	th or serious impairment to the pregnant	
Data last normal manage har		Dlavo:-:-	n actimata	of gestation (	n 100 al-	<u>a) 1</u>	Doct for	rtilization aga of the fetus (in market)	
Date last normal menses began 02/23/	/2018	Physicia	m estimate	of gestation (i	п wеек	s)	FOSt 161	rtilization age of the fetus (in weeks)  10	
How were the gestational age ar	nd post fertilization	on age determined?							
ULTRASOUND									
Full name of physician performi									
Address of physician performing	g termination (nu	mber and street, city, stat	e, and zin c	code)					
200 S. MERIDIAN ST, INDIA	-	•	S.T	,					
**Date Reported to DCS, if	Patient under 1	16 (month day year)							
DATE RECEIVED BY ISI								-	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy terminat		County of pregnancy termination  MONROE			
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion					
26		Yes No	05/10/20					ne College, No Deg	ree		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknow	vn 🔳	nicity Hispanic or Latino Not Hispanic or Lating and	o Unknown		
Live Births:	N	umber of spontaneou	0					0 terminations			
Other Termination	ъ.		0 ation. If more than six (6	) those m	ost recent )	114411001 01		2			
1. <u>09/10/2014</u>			3				5	6			
Fetus delivered alive		If yes, length of tin					Co	omplication(s) of Pregn	nancy Termination		
☐ Yes ■ 1	No						None	☐ U	terine Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemo	orrhage 🔲 Co	ervical Laceration		
Yes Yes	No	ii viable, inedicai	reason for termination.		☐ Infection ☐ Retained Products						
							Other	(Specify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did	l this tern	nination of pregnancy	result in a maternal death?		
								No	result in a maternal death:		
			Туре	of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that	Termina	ted Pregnancy			
Medical (Nonsu						(Nonsurgica					
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgica (Nonsurgica					
Medical (Surgional Control Contro	cal) Suc	ion Curettage			☐ Medical	(Surgical) S	Suction C	urettage			
	cal) Mer	strual Aspiration				(Surgical) N (Surgical) C					
	<i>(</i>	a (apecgy)				(Surgious)	outer (Sp.				
For Medical (Surgic	-1)	4 4. C-1				(C:1)					
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab.		e a post fertilization	age at least 20 weeks?			us viable or l Yes 🔲 No		st fertilization age at le	east 20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question w	as answe	red yes, complete the f	following questions.		
		t opportunity to surv	ive?					ortunity to survive?			
☐ Yes ☐	☐ No				Y	Yes  No	O				
			regnant woman had a contous impairment to the pr						woman had a condition pairment to the pregnant		
woman?			F		woman?	P			F8		
					<u> </u>						
Date last normal me	_	an 08/2018	Physicia	an estimat	e of gestation (i	n weeks)	P	ost fertilization age of	the fetus (in weeks)		
How were the gestat			n age determined?								
ULTRASOUND											
P II O C C C											
Full name of physici DR. CAROL DELL	_	rming termination									
1 7		,	mber and street, city, star	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225								
**Date Reported to DCS, if Patient under 16 (month, day, year):											
•			year): 05/23/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (MONROE CO.) - 421 SOL	TH COLLEGE AVENUE,	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termin  MONROE						
Patient's age**	Marriad	Date of pregnancy term	ination	Educa	tion		1		
33	Married ☐ Yes ■ No	<b>05/10/20</b> 1		Lauca	tion	Bach	elor's Degree		
	n or Alaska Native n or Other Pacific Islander Number now living	Asian Black White Othe		an American			anic or Latino Hispanic or Latino   Unknown		
Live Births:	Number of aportages	3 us terminations			Numh	per of induced termi	0 nations		
Other Termination	is:   Training of spontaneous   Training of	1	those me	act recent )			1		
1. 06/27/2013	2. UNKNOWN	3	, mose me	4		5	6		
Fetus delivered alive	, ,	me fetus survived:				Complic	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
F	TC : 11 1: 1	C				☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	· ·	reason for termination:		☐ Infection ☐ Retained Produ					
						Other (Spec	cify)		
Pathological examin	nation If yes, results:						-327		
performed?						<del></del>			
☐ Yes ■	No					Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedu	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
☐ Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
☐ Medical (Nonst	urgical) Misoprostol urgical) Other (Specify)				(Nonsu	rgical) Misoprostol rgical) Other (Spec			
iviedicai (Nolist	urgical) Other (specify)			Wiedicai	(INOIISU	igical) Other (spec	(Jy)		
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration		
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
	ele or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us giver Yes [	the best opportunit	y to survive?		
What was the basis	s for determination that the p	regnant woman had a con	dition	What was tl	ne basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
				Jiimii i					
Data last normal	neac hagan	Dh.v.al - ! -	ın actimat	e of gestation (i	n wast-	n) Doot f-	rtilization aga of the fatus (in marks)		
Date last normal me	03/01/2018	Physicia	ui estimate	e or gestation ( <i>i</i>	n weeks	Post Ie	rtilization age of the fetus (in weeks)  6		
	tional age and post fertilization	on age determined?							
ULTRASOUND									
Full name of -1	ion norformina torribatio								
DR. CAROL DELL	ian performing termination INGER								
	n performing termination (nu		e, and zip	code)					
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	5225							
**Date Reported	to DCS, if Patient under	6 (month, day, year):							
DATE RECEIVE	ED BY ISDH (month, day,	year): 05/23/2018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403  City or town, of pregnancy BLOOMING										County of pregnar	ONROE	
D ( )					• ,•	1						
Patient's age** 23	Mar	ried Yes	■ No	Date of pregnancy term 05/10/20		Educ	ation	н	ligh Schoo	ol Diploma or GE	<b>⊡</b> D	
Race						<u></u>			Ethnicity	· · · · · · · · · · · · · · · · · · ·		
☐ American India ☐ Native Hawaiia				Asian Blace White Other		an American	Un Un	known		nic or Latino lispanic or Latino	Unknown	
Live Births:		Number no	ow living	1				per now d		0		
Other Termination	ns:	Number of	spontaneo	us terminations			Numb	per of ind	luced termin	ations		
		not include	this termin	otion. If more than six (6	), those me	ost recent.)				0		
1		2		3		4		5		6		
Fetus delivered aliv		If yes,	length of ti	me fetus survived:					Complica	ation(s) of Pregnand	cy Termination	
☐ Yes ■	No							<b>■</b> 1	None	☐ Uteri	ne Perforation	
								<sub> </sub>	Hemorrhage	e 🔲 Cervi	ical Laceration	
Fetus viable?  Yes	No	If viab	le, medical	reason for termination:		☐ Infection ☐ Retained Produc						
	110									_	neu i roducts	
D.1.1.1.1.		7.0	1.					' '	Other (Spec	ify)		
Pathological examination performed?	nation	If yes,	results:									
☐ Yes ■	No										ult in a maternal death?	
								☐ Ye	s 🔳 No	1		
Type of Termination Procedures												
Procedure that Term	l Pregnancv		1 1 1 1	Additional I		e that Ter	rminated Pro	egnancy				
☐ Medical (Nons ☐ Medical (Nons	urgica	) Misopros	tol			☐ Medica	1 (Nonsu	rgical) N	Mifepristone Misoprostol			
Medical (Nons	urgica	l) Other (Sp	pecify)			☐ Medica	l (Nonsu	rgical) (	Other (Speci	fy)		
Medical (Surgi						☐ Medica	1 (Surgic	al) Sucti	ion Curettag	ge		
☐ Medical (Surgi ☐ Medical (Surgi						☐ Medica	1 (Surgic 1 (Surgic	al) Mena	strual Aspir er (Specify)	ation		
	,	(-1-3					( 8	,	(-F 35)			
For Medical (Surgic	cal) pro	ooduras an	swar tha fo	llowing question		For Medical	(Surgice	al) proced	durae anessu	ar the following que	estion	
				0 1		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab			ertilization	age at least 20 weeks?			tus viabl		e a post ferti	lization age at least	: 20 weeks?	
If the previous ques	stion w	as answered	l yes, comp	lete the following question	ons.	If the previo	us quest	ion was a	nswered ye	s, complete the foll	owing questions.	
Was the fetus give	en the l	oest opportu	nity to surv	vive?					t opportunit	y to survive?		
☐ Yes						_	Yes [	<del>_</del>				
What was the basi	is for d	etermination	n that the p	regnant woman had a corrious impairment to the pr	ndition regnant						man had a condition ment to the pregnant	
woman?				F F-		woman?	F-			v- v r		
											Ţ	
Date last normal me		-		Physicia	an estimate	e of gestation	(in week:	s)	Post fer	tilization age of the	e fetus (in weeks)	
How were the gesta		NKNOWN		on aga datarminada		8				6		
ULTRASOUND	шопаі	age and pos	ı icitilizatio	on age determined?							Ţ	
Full name of physician performing termination												
DR. CAROL DELL	INGE	R										
	-	_		mber and street, city, sta	te, and zip	code)						
200 S. MERIDIAN	J1, II	ADIANAPC	ノニ・3, IN 40	<u></u>								
distants =	. =	ng 10= :										
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	ED B	Y ISDH (n	nonth, day,	<i>year</i> ):05/23/2018						_		

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•		County of pregnancy termination MONROE		
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion				
32	Married  ■ Yes □ No	05/10/201		Eddea	tion	Bach	elor's Degree		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American			nnic or Latino Hispanic or Latino   Unknown		
	Number of spontaneo	2 us terminations			Numb	per of induced termi	nations 0		
Other Termination	ns (Do not include this termin	0	those mo	ost recent )			0		
1		3				5	6		
Fetus delivered alive	, ,	me fetus survived:				Complic	eation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	☐ Uterine Perforation		
Fetus viable?	If wishle medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration		
Yes •	· · · · · · · · · · · · · · · · · · ·		☐ Infection ☐ Retained Products						
			Other (Specify)						
Pathological examination If yes, results:									
performed?									
☐ Yes ■	No			Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?				
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy	e that Terminated Pr	regnancy						
☐ Medical (Nons	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
☐ Medical (Nonsi	urgical) Misoprostol			■ Medical	(Nonsu	rgical) Misoprostol			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)									
■ Medical (Surgical) Suction Curettage       □ Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration       □ Medical (Surgical) Menstrual Aspiration									
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes ☐	ele or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportunit	y to survive?		
			1*.*	_		_			
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began 03/24/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  5		
How were the gestar	tional age and post fertilization	on age determined?		•			·		
ULTRASOUND									
Full name of physic DR. CAROL DELL	ian performing termination								
	n performing termination (nu	mber and street, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, INDIANAPOLIS, IN 4	6225							
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/23/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termination	on	County of pregnancy termination <b>LAKE</b>			
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
16		Yes No	05/23/20					2th, No Diploma			
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ■ Othe		can American	Unknown	Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:			0			Number of i		0			
Other Termination	15.	umber of spontaneou	0	c) .1		Number of f	ilduced term	0			
Dates of termination	is ( <i>Do no</i>		ation. If more than six (6			5.		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration				
Yes Yes	No	ii viable, medicai	reason for termination:				Infection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:		_							
performed?	No					Did t	his terminati	ion of pregnancy resu	It in a maternal death?		
							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Туро	e of Termi	nation Procedu	res					
Procedure that Term	ninated Pr	regnancy		rocedure that T	Cerminated P	regnancy					
☐ Medical (Nonsu ☐ Medical (Nonsu			(Nonsurgical) (Nonsurgical)								
Medical (Nonsu				(Nonsurgical)							
Medical (Surgio			(Surgical) Su								
Medical (Surgio		strual Aspiration er (Specify)				(Surgical) Me (Surgical) Of					
For Medical (Surgic	al) proce	dures, answer the fol	llowing question.		For Medical	Iedical (Surgical) procedures, answer the following question.					
Was the fetus viab		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question wa	s answered y	es, complete the follo	owing questions.		
		t opportunity to surv	ive?				est opportuni	ity to survive?			
☐ Yes [						Yes  No					
			regnant woman had a con lous impairment to the p					that the pregnant won ath or serious impair			
woman?					woman?						
Detail	1					1	n		fatore (: 1 )		
Date last normal me	_	an 16/2018	Physici	an estimat	e of gestation (i	n weeks)	Post f	ertilization age of the <b>7</b>	ietus (in weeks)		
How were the gestat	tional age	and post fertilization	n age determined?				,				
ULTRASOUND											
Full name of physician performing termination											
DR. MANDY GITTI	LER	_	,		7.						
Address of physician 8645 CONNECTIC	-	-	mber and street, city, sta L <b>LE, IN 46410</b>	te, and zip	o coae)						
•	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
Patient's age**	Marri	ed	Date of pregnancy term	nination	Educa	tion							
22		Yes No	05/23/20				Н		ol Diploma or	GED			
Race American Indian Native Hawaiian	or Oth		Asian Blac White Othe		an American		known er now d	■ Not F	nic or Latino Iispanic or Latii	10	☐ Unknown		
Live Births:			1					aced termin	0				
Other Termination	15.	Number of spontaneou	0			Nume	ber of indi	uced termii	0				
Dates of termination	is (Do n		ation. If more than six (6		ost recent.)		5		6				
Fetus delivered alive	e?	If yes, length of time			*			Complic	ation(s) of Preg	nancy	Termination		
☐ Yes ■	No						■ N	None	□ t	Jterine	Perforation		
							Пн	Hemorrhage	е По	Cervic	al Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection			ed Products		
							Other (Specify)						
Pathological examination								Other (Spec	ufy)				
Pathological examin performed?													
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  Yes No						
L									-				
			Турс	e of Termin	nation Procedu	res							
Procedure that Term	ninated I		ocedure	e that Terr	minated Pr	egnancy							
Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone	e				
Medical (Nonsu							rgical) M	Tisoprostol Other (Speci					
iviedicai (Ivonse	argicar)	Other (Specify)			wiedicar	(1voiisu	igicai) O	tilei (Speci	997				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage													
		ction Curettage nstrual Aspiration						on Curettag strual Aspir					
☐ Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical	(Surgic	al) Other	(Specify)					
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	Surgica	al) proced	ures, answ	er the following	quest	ion.		
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s questi	ion was a	nswered ye	es, complete the	follov	ving questions.		
		st opportunity to surv	rive?					opportunit	y to survive?				
☐ Yes [	_				_	Yes [	_						
			regnant woman had a con ious impairment to the pro-								an had a condition ent to the pregnant		
woman?					woman?								
<u> </u>					<u> </u>								
Date last normal me			Physici	an estimate	e of gestation (i	n weeks	s)	Post fer	rtilization age o		etus (in weeks)		
How were the gestat		/05/2018 ge and post fertilization	on age determined?		6					4			
ULTRASOUND	- 72												
Full name of physici		orming termination											
DR. MANDY GITTI Address of physician		ming termination (nu	mber and street, city, sta	te, and zin	code)								
8645 CONNECTIC	-	-		, Lip	/								
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):						-				
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE				
D-4:4'**	T	Data of annual and	·	E4	·:		1			
Patient's age**  36	Married ☐ Yes ■ No	Date of pregnancy term 05/23/20		Educa	tion	High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:		☐ White ☐ Othe		an American			anic or Latino Hispanic or Latino   Unknown			
Other Termination	Number of spontaneou	as terminations			Numb	per of induced termi	nations			
	ns (Do not include this termin	0	), those mo	ost recent.)			3			
1. <b>2012</b>	2. UNKNOWN	3. UNKNOWN		1		5	6			
Fetus delivered alive	J, 8.	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	NO					■ None	☐ Uterine Perforation			
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	ge Cervical Laceration			
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products			
						Other (Spe	cify)			
Pathological examin	nation If yes, results:									
performed?	No				Did this termination of pregnancy result in a maternal death?					
	110			Yes No						
Г										
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ne 1			
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	eify)			
■ Medical (Surgical) Suction Curettage										
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi	ration			
	car) Garer (Speedy))				(Suigie	ar) said (speedy)				
For Madical (Surgice	cal) procedures, answer the fo	llowing question		For Medical (	Curcio	al) procedures ones	ver the following question.			
	•	• •				•				
	le or have a post fertilization No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?			
	_	. 1.1	1''	_		_	1 (4) (2)			
that required the pr	s for determination that the p rocedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began 04/02/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestat	tional age and post fertilization	on age determined?		•			•			
ULTRASOUND										
	Full name of physician performing termination  DR. MANDY GITTLER									
	n performing termination (nu	mber and street, city, stat	te, and zip	code)						
8645 CONNECTIC	CUT STREET, MERRILLVI	LLE, IN 46410								
**D . D	DOG 'SD '									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
Patient's age**	Marrie	ad I	Date of pregnancy te	rmination	Educa	tion							
26		Yes No	05/23/2		Baues		Н	igh Scho	ol Diploma	or GED	)		
Race American Indian Native Hawaiian Live Births:	or Othe		■ White □ O	lack or Afri ther	can American		nknown ber now d	Not I	nic or Latino Hispanic or L		Unknown		
	N	umber of spontaneou	1 us terminations			Numl	ber of ind	uced termin	nations				
Other Termination	15.		ation. If more than six	(6) those r	nost recent \				0				
1	2		3				5			6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	ration(s) of Pr	regnancy	Termination		
☐ Yes ■	No						<b>•</b> 1	None		Uterin	e Perforation		
F		70 : 11 1: 1					I	Hemorrhag	е 🔲	Cervic	al Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination	•			<sub>   </sub>	nfection		Retain	ed Products		
							Other (Specify)						
Pathological examin	ation	If yes, results:					' `	Suici (Spec	997				
performed?													
☐ Yes ■ No							Did thi			icy resul	t in a maternal death?		
		•											
			Ty	pe of Term	nination Procedu	res							
Procedure that Term	inated P	regnancy			Additional P	rocedur	e that Ter	minated Pr	egnancy				
☐ Medical (Nonsu								/lifepriston					
☐ Medical (Nonsu		☐ Medical	(Nonsu	irgical) N	/lisoprostol								
Medical (Nonsu	irgicai)	Other ( <i>Specify</i> )			Medical	(Nonsu	irgicai) C	Other (Spec	ינאי)				
Medical (Surgio		tion Curettage astrual Aspiration						on Curettag strual Aspin					
Medical (Surgio								r (Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgical	al) proced	lures, answ	er the follow	ing ques	tion.		
Was the fetus viab ☐ Yes [		re a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, compl	lete the following ques	tions.	If the previou	ıs quest	ion was a	nswered ye	es, complete t	the follo	wing questions.		
		st opportunity to surv	rive?					opportunit	y to survive?	,			
☐ Yes [	☐ No					Yes [	No						
			regnant woman had a cious impairment to the								an had a condition nent to the pregnant		
woman?	occuare	to avert deadl of ser	ious impuniment to the	prognant	woman?	a are pr	occurre	o avert dea	an or serious	mpum	ioni to the pregnant		
Date last normal me	_		Physi	cian estima	ate of gestation (	in week	s)	Post fe	rtilization ago		fetus (in weeks)		
How were the gestat		25/2018 e and post fertilization	n age determined?		8					6			
ULTRASOUND	agi	e ana post terunzano	a ago dotominiou:										
<u> </u>													
Full name of physici		rming termination											
DR. MANDY GITTI		ning termination (	mber and street, city, s	state and =	in code)								
8645 CONNECTIC	-	-		iaie, uria Zi	ρ τομε)								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):						_				
DATE RECEIVE	ED BY	ISDH (month, dav.	year):05/25/2018						_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT S MERRILLVILLE, IN, 46410	City City	y or town, of pregna	ncy termination		County of pregnancy termination <b>LAKE</b>				
Patient's age**  19  Married  Yes  No  Date	of pregnancy termination 05/23/2018	on Educat		gh School Diploma or G	ED				
American Indian or Alaska Native Asi Native Hawaiian or Other Pacific Islander	=	African American	Unknown	Hispanic or Latino Not Hispanic or Latino	☐ Unknown				
Live Births: Number now living	0		Number now de	ceased <b>0</b>					
Other Terminations: Number of spontaneous terminations	inations 0		Number of indu	ced terminations					
Dates of terminations (Do not include this termination. 1	f more than six (6), thos	se most recent.)	5.	6.					
Fetus delivered alive? If yes, length of time fetu				Complication(s) of Pregnar	ncy Termination				
☐ Yes ■ No			■ N	one Uter	rine Perforation				
			I	emorrhage	vical Laceration				
Fetus viable? If viable, medical reason	for termination:			fection	ained Products				
Pathological examination If yes, results:				ther (Specify)					
performed?									
Yes No			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			,						
	Type of Te	ermination Procedur	res						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M						
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
■ Medical (Surgical) Suction Curettage									
Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Mens	rual Aspiration					
Medical (Surgical) Other (Specify)		Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) procedures, answer the following	g question.	For Medical (	(Surgical) proced	ares, answer the following qu	lestion.				
Was the fetus viable or have a post fertilization age at ☐ Yes ■ No	least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the	following questions.	If the previou	s question was a	swered yes, complete the fol	llowing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to survive?					
			_						
What was the basis for determination that the pregnant that required the procedure to avert death or serious im				nination that the pregnant we avert death or serious impair					
woman?		woman?							
Date last normal menses began 04/05/2018	Physician esti	imate of gestation (in	n weeks)	Post fertilization age of the					
How were the gestational age and post fertilization age of	letermined?								
ULTRASOUND									
Full name of physician performing termination  DR. MANDY GITTLER									
Address of physician performing termination (number at		d zip code)							
8645 CONNECTICUT STREET, MERRILLVILLE, II	N 4041U								
**Date Reported to DCS, if Patient under 16 (mon	nth, day, year):								
DATE RECEIVED BY ISDH (month, day, year):	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF ME MERRILLVILLE, IN, 46410	S RRILLVILLE - 8645 CONNEC	TICUT STREET,	City or town		ncy termination	County of pregnancy termination LAKE				
Patient's age** Man	ried	Date of pregnancy term	ination	Educat	tion					
16	Yes No	05/23/201					th, No Diploma			
Race American Indian or Al Native Hawaiian or Ot		Asian Blac White Othe	k or African A	American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		0			Number of ind		0			
Other Terminations.	Number of spontaneou	0	\ .1		Number of ma	ucea terrir	0			
Dates of terminations (Do		ation. If more than six (6)		ecent.)	5		6			
Fetus delivered alive?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					<b>•</b> 1	None	☐ Uterir	ne Perforation		
Fetus viable?	If viable medical	reason for termination:			I	Hemorrhage Cervical Laceration				
Yes No	ii viable, medicai	reason for termination:			I	☐ Infection ☐ Retained Products				
						Other (Spec	cify)			
Pathological examination	If yes, results:		-							
performed?  Yes No					Did this	s terminatio	on of pregnancy resu	It in a maternal death?		
					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		Туре	of Terminatio	on Procedur	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical					(Nonsurgical) N					
Medical (Nonsurgical Medical (Nonsurgical			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
■ Medical (Surgical) Suction Curettage										
Medical (Surgical) M Medical (Surgical) O					(Surgical) Mens (Surgical) Othe		ration			
	1 337			•		(1 35)				
For Medical (Surgical) pro	ocedures answer the fol	lowing question	<u></u>	or Medical (	(Surgical) proced	lures ansu	ver the following que			
					l (Surgical) procedures, answer the following question.					
Was the fetus viable or h  ☐ Yes ■ No		age at least 20 weeks?	'		tus viable or have a post fertilization age at least 20 weeks?  Yes  No					
If the previous question wa	as answered yes, compl	ete the following questio	ns. If	the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the b		ive?	,		us given the best	opportuni	ty to survive?			
☐ Yes ☐ No	•			∐ Y	Yes No					
What was the basis for detath that required the procedu							hat the pregnant won ath or serious impairr			
woman?		1	_	woman?	1		1	1 0		
			I							
Date last normal menses b	egan 04/01/2018	Physicia	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational a		n age determined?								
ULTRASOUND										
En com										
Full name of physician per <b>DR. MANDY GITTLER</b>	norming termination									
Address of physician perfo	-		e, and zip cod	le)						
8645 CONNECTICUT S	I REET, MERRILLVII	_LE, IN 46410								
**Date Reported to DC	CS, if Patient under 1	6 (month. dav. vear):								
•	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address LANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, IERRILLVILLE, IN, 46410					ncy termination	County of pregnancy termination LAKE					
D / 1	1		D. C			··						
Patient's age** 41	Marri	ed □ Yes ■ No	Date of pregnar 05	ncy termination 5/23/2018	Educa	tion	Some C	ollege, No Degree				
Race American Indian Native Hawaiian Live Births:	or Oth		■ White	☐ Black or Af	rican American	Unknown Number now	Ethnicit Hisp Not	y vanic or Latino Hispanic or Latino				
Other Termination	NG. N	Number of spontaneou	as terminations			Number of inc	luced term	inations 0				
	13.	ot include this termin	1	ın six (6), those	most recent.)			0				
1. <b>2016</b>		2				5		6				
Fetus delivered alive		If yes, length of ti	me fetus survived	1:			Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	No					■	None	☐ Uterine Perforation				
F ( 1110		70 : 11 1: 1	· ·				☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·							☐ Infection ☐ Retained Products				
							Other (Specify)					
Pathological examin	nation	If yes, results:										
performed?		ii yes, resuits.										
☐ Yes ■	No			Did th ☐ Ye		ion of pregnancy result in a maternal death?						
				Type of Ter	mination Procedu	res						
Procedure that Term	ninated I	Pregnancy		ocedure that Te	rminated P	regnancy						
Medical (Nons						(Nonsurgical)						
Medical (Nonsi						(Nonsurgical) (Nonsurgical)						
■ Medical (Surgical) Suction Curettage												
		ction Curettage enstrual Aspiration			☐ Medical ☐ Medical	(Surgical) Suct (Surgical) Mer	ion Curetta Istrual Asp	age iration				
Medical (Surgi	cal) Oth	ner (Specify)			☐ Medical	(Surgical) Othe	er (Specify)					
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	(Surgical) proce	dures, ansv	wer the following question.				
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 we	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	s question was	answered y	ves, complete the following questions.				
Was the fetus give ☐ Yes [		est opportunity to surv	vive?			us given the bes	t opportuni	ity to survive?				
		cormination that the n	ragnant waman h	ad a condition	_	_	rmination	that the present women had a condition				
that required the p		ermination that the property to avert death or ser			that require			that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?					woman?							
Date last normal me		gan /01/2018		Physician estin	nate of gestation (i	n weeks)	Post f	ertilization age of the fetus (in weeks)  6				
How were the gestar		ge and post fertilization	on age determined	1?	<u> </u>			V				
ULTRASOUND												
Full name of physic	-	orming termination										
Address of physician		ming termination (nu	mber and street	city, state. and	zip code)							
8645 CONNECTIO	-	-										
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, y	ear):				_				
DATE RECEIVED BY ISDH (month, day, year): 05/25/2018												

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna	•		County of pregnancy termination LAKE			
Dotis-12- 4-4	Γ	Data of Time	imati.	F-1	tio					
Patient's age** 38	Married ■ Yes □ No	Date of pregnancy term 05/23/201		Educa	tion		elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		nn American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	4			Numb	er now deceased	0			
Other Termination		1			Numb	per of induced termi	nations 1			
Dates of termination UNKNOWN	s (Do not include this termin 2 UNKNOWN	ation. If more than six (6)	), those mo	ost recent.)		5	6			
Fetus delivered alive	1	me fetus survived:		*		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation			
	70					Hemorrhage Cervical Laceration				
Fetus viable?  Yes	If viable, medical		☐ Infection ☐ Retained Products							
						☐ Other (Specify)				
Pathological examination If yes, results:										
performed?	No		Did this termination of pregnancy result in a maternal death?							
			Yes N							
		Туре	of Termin	nation Procedur						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
	argical) Mifepristone argical) Misoprostol			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprostol	e			
	argical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
☐ Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Medical (Surgical)       Suction Curettage         ☐ Medical (Surgical)       Menstrual Aspiration										
	cal) Menstrual Aspiration cal) Other (Specify)					al) Menstrual Aspi al) Other (Specify)	ration			
For Medical (Surgical	al) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab. ☐ Yes [	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
	n the best opportunity to surv				us giver Yes [	the best opportunit	sy to survive?			
	_		11	_		_	1.1 12			
that required the pr	s for determination that the procedure to avert death or ser			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	nses began	Physicia	ın estimate	of gestation (i	n week	s) Post fe	rtilization age of the fetus (in weeks)			
	04/03/2018			6		, 2 330 10	4			
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?								
Full name of physician performing termination										
DR. MANDY GITTI Address of physician	LER n performing termination (nu	mber and street, city. state	e, and zip	code)						
	UT STREET, MERRILLVI	•		,						
**Date Reported	to DCS, if Patient under	6 (month day year)								
•	ED BY ISDH (month, day,						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or to	own, of pregna	ncy termin		County of pregnancy termination LAKE			
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat	tion					
19		Yes No	05/23/20	18				ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian Blac Othe		an American	Unkn Number		y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou	us terminations			Number	of induced termi	nations 0			
Dates of termination	ns (Do no		ation. If more than six (6					,			
Fetus delivered alive		If yes, length of ti		4	4		Complie  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration			
Fetus viable?  Yes	☐ Yes ■ No							☐ Retained Products			
Pathological examin	nation	If yes, results:									
Yes No							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated P	regnancy		rocedure th	nat Terminated Pr	regnancy					
Medical (Nonsi	Misoprostol		Medical	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration			Medical	(Surgical)	Suction Curetta Menstrual Aspi Other (Specify)				
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical)	procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			the fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question	stion was answered yes, complete the following questions.				
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			us given th Yes	ne best opportuni No	ty to survive?			
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Dili	1		l Di · ·		S		l n . c				
Date last normal me	03/	23/2018		an esumate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestat ULTRASOUND	tional age	e and post fertilization	on age determined?								
Full name of physician performing termination  DR. MANDY GITTLER											
Address of physician 8645 CONNECTIC	-	-	mber and street, city, stat LLE, IN 46410	te, and zip	code)						
_			6 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Addr PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ress Merrillville - 8645 Connec	TICUT STREET,	City or town		ncy termination		County of pregnancy termination <b>LAKE</b>			
Patient's age**	Iarried	Date of pregnancy term	ination	Educat	tion					
33	Yes No	05/23/201	18		Н		ool Diploma or GE	D		
Race American Indian or Native Hawaiian or		Asian Black White Othe	k or African A	American	Unknown Number now d	☐ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number of spontaneou	2 s terminations			Number of inde		0 nations			
Other Terminations:	Do not include this termina	1	14000000000	ua a a u 4 \	Number of mu	ucca termi	1			
2002		3		,	5		6			
Fetus delivered alive?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
Yes No					■ N	None	☐ Uterir	ne Perforation		
Estera vialan	If with a section				I	Hemorrhage Cervical Laceration				
Fetus viable?  Yes No	ii viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
						Other (Specify)				
Pathological examinatio	on If yes, results:									
performed? ☐ Yes ■ No					Diddi			14:		
les e No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		Туре	of Terminatio	on Procedur	res					
Procedure that Terminat	ted Pregnancy		A	dditional Pr	ocedure that Ter	minated Pr	regnancy			
☐ Medical (Nonsurgio				(Nonsurgical) M						
☐ Medical (Nonsurgion Medical (Nonsurgio Medica) (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsu	cal) Misoprostol cal) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	(- <u>F</u> 33)				( 8 / -	· · ( <b>T</b> · ·	337			
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Mens	strual Aspi				
Medical (Surgical)	Other (Specify)			] Medical	(Surgical) Other	r (Specify)				
								_		
For Medical (Surgical) p	procedures, answer the fol	lowing question.	Fo	or Medical (	Surgical) proced	rgical) procedures, answer the following question.				
Was the fetus viable of Yes Yes	r have a post fertilization No	age at least 20 weeks?	,		tus viable or have a post fertilization age at least 20 weeks?  Yes   No					
If the previous question	was answered yes, compl	ete the following question	ns. If	the previou	s question was a	uestion was answered yes, complete the following questions.				
Was the fetus given th  ☐ Yes ☐ I	ne best opportunity to surv No	ive?	,		us given the best	opportuni	ty to survive?			
What was the basis for	r determination that the pr	egnant woman had a con	dition	What was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition		
	edure to avert death or seri		egnant t				ath or serious impairr			
womall:				woman :						
Date last normal menses	s hegan	Physicia	n estimate of	gestation /i	n weeks)	Poet fo	ertilization age of the	fetus (in weeks)		
	03/01/2018			10	n weeks)	1 OSt 16	8	icus (m weeks)		
	al age and post fertilizatio	n age determined?								
ULTRASOUND										
Full name of physician	performing termination									
DR. MANDY GITTLER	₹ .									
	erforming termination (nun		e, and zip cod	le)		-				
3043 CONNECTION	OTREET, WERKILLVII	, II4 707 IV								
**Date Reported to I	DCS, if Patient under 1	6 (month, day, vear):					_			
•	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	City or to	wn, of pregna	ncy termi LLVILLE		County of pregnancy termination LAKE			
Dation + ' + +	T	Data of	imati	Tp 1	tion.				
Patient's age** 20	Married ☐ Yes ■ No	Date of pregnancy terming 05/23/201		Educat	tion		ol Diploma or GED		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Black ■ White ☐ Other		n American	Unkn		nnic or Latino Hispanic or Latino		
Live Births:		1					0		
Other Termination		0			Number	of induced termin	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6)		*		_ 5	6		
Fetus delivered alive	e? If yes, length of t	ime fetus survived:				Complic	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
Fetus viable?	If viable medica	reason for termination:				Hemorrhage Cervical Laceration			
Yes •	, , , , , , , , , , , , , , , , , , ,	reason for termination.				☐ Infection ☐ Retained Products			
				☐ Other (Specify)					
Pathological examin	nation If yes, results:								
performed?	No		Did this termination of pregnancy result in a maternal death?						
			Yes No						
		Туре		ation Procedur					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy  ———————————————————————————————————									
	urgical) Mifepristone urgical) Misoprostol			☐ Medical ☐ Medical	(Nonsurg	ical) Mifepriston ical) Misoprostol	e		
	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)					
■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration									
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgical) (Surgical)	) Menstrual Aspir ) Other ( <i>Specify</i> )	ration		
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgical)	procedures, answ	ver the following question.		
Was the fetus viab	ble or have a post fertilization	• •		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
Yes [	■ No tion was answered yes, comp	alete the following question	ne	_	_		es, complete the following questions.		
	en the best opportunity to sur		115.	-	•	he best opportunit			
Yes [		,,,,			res		y to survive.		
	s for determination that the procedure to avert death or se						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	roccure to avert death of se	rious impairment to the pro	egnant	woman?	i the proc	edure to avert dea	an or serious impairment to the pregnant		
Date last normal me	enses began 02/28/2018	Physicia	n estimate	of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)  5		
How were the gestat	tional age and post fertilizati	on age determined?		•			<u> </u>		
ULTRASOUND									
Full name of physics  DR. MANDY GITTI	ian performing termination LER								
	n performing termination (nu		e, and zip c	rode)					
8645 CONNECTIC	CUT STREET, MERRILLV	ILLE, IN 46410							
**Date Reported	to DCS, if Patient under	16 (month, day, vear):							
-	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	ncy termination	County of pregnancy termination LAKE	
			D · · ·		T = -			
Patient's age** 34	Marri	ed □ Yes ■ No	Date of pregnancy <b>05/23</b>	termination 3/2018	Educat	Some	College, No Degree	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	= =	Black or Afric	can American	☐ Unknown ■ N	ispanic or Latino of Hispanic or Latino	
Live Births:	Λ	Number now living	3			Number now deceased	0 0	
Other Termination	ns:	Number of spontaneou	us terminations 1			Number of induced te	rminations 0	
Dates of termination  1. UNKNOWN	ns (Do n	ot include this termin	ation. If more than s		nost recent.)	5	6	
Fetus delivered alive		If yes, length of ti	me fetus survived:			Com	plication(s) of Pregnancy Termination	
☐ Yes ■	No					■ None	☐ Uterine Perforation	
F ( 1119		TC : 11 1: 1	· · · · · ·			Hemorr	hage	
Fetus viable?  Yes	No	If viable, medical	reason for termination	on:		☐ Infectio	n Retained Products	
						Other (S	Specify)	
Pathological examin	nation	If yes, results:					F ( ( ( ) )	
performed?								
☐ Yes ■	No						nation of pregnancy result in a maternal death? No	
				Type of Term	ination Procedur	res		
Procedure that Term	ninated l	Pregnancy			Additional Pr	ocedure that Terminate	d Pregnancy	
Medical (Nonsi						(Nonsurgical) Mifepris		
Medical (Nonsi		Misoprostol Other (Specify)				(Nonsurgical) Misopro (Nonsurgical) Other (S		
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage								
☐ Medical (Surgi	cal) Me	enstrual Aspiration			☐ Medical	(Surgical) Menstrual A	spiration	
Medical (Surgio	cal) Otl	ner (Specify)			☐ Medical	(Surgical) Other (Spec	tfy)	
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures, a	nswer the following question.	
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 week	s?		us viable or have a post Yes  \text{No}	fertilization age at least 20 weeks?	
If the previous quest	tion was	answered yes, comp	lete the following qu	estions.	If the previou	s question was answere	d yes, complete the following questions.	
Was the fetus give ☐ Yes [		est opportunity to surv	vive?			us given the best opport	unity to survive?	
What was the basi	s for det	termination that the p	regnant woman had	a condition	What was th	ne basis for determination	on that the pregnant woman had a condition	
		e to avert death or ser					death or serious impairment to the pregnant	
woman:					woman:			
Date last normal me	nses he	gan	Dhy	vsician estima	te of gestation (i	n weeks) Dog	st fertilization age of the fetus (in weeks)	
	UN	IKNOWN		, sician estilla	8	ros	6	
How were the gestar	tional ag	ge and post fertilization	on age determined?					
SEINASUUND								
Full name of physic	ian perf	orming termination						
DR. MANDY GITT	LER				_			
Address of physician 8645 CONNECTIC	-	ming termination (nu	•	, state, and zij	o code)			
		,	, 10710					
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year	r):				
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/25/2018	3				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termination	County of pregnancy termination LAKE				
D ,			D. C.		l e ·	,.					
Patient's age** 24	Marrie [	d ☐ Yes ■ No	Date of pregnancy 05/23	termination 3/2018	Educat		ne College, No Degree				
Race American Indian Native Hawaiian Live Births:	n or Othe		■ White	Black or Afric	can American						
Other Termination	N N	umber of spontaneou	as terminations			Number of induced	terminations				
Dates of termination	15.		0	six (6), those n	ost recent.)		0				
1		·	•			5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:			Co	emplication(s) of Pregnancy Termination				
☐ Yes ■	No					■ None	☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termination			☐ Hemo	orrhage				
Yes •	No	ii viable, illedicai	reason for termination	OII:		☐ Infect	ion Retained Products				
						☐ Other	(Specify)				
Pathological examin	nation	If yes, results:									
performed?						<del></del>					
☐ Yes ■	No						nination of pregnancy result in a maternal death?  No				
				Type of Term	ination Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Termina	ted Pregnancy				
☐ Medical (Nons	urgical)	Mifepristone			☐ Medical	(Nonsurgical) Mifep	ristone				
Medical (Nonsi	urgical)	Misoprostol				(Nonsurgical) Misop (Nonsurgical) Other	gical) Misoprostol				
Wiedlear (Nonsi	urgicar)	Other (Specify)		Wiedicar	(Ivonsuigical) Other	(specify)					
Medical (Surgion Medica		tion Curettage astrual Aspiration			Medical Medical	(Surgical) Suction C (Surgical) Menstrual	urettage Aspiration				
Medical (Surgio						(Surgical) Other (Spe					
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) procedures.	answer the following question.				
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 week	as?		us viable or have a po Yes  \text{No}	st fertilization age at least 20 weeks?				
If the previous quest	tion was	answered yes, comp	lete the following qu	estions.	If the previou	s question was answe	red yes, complete the following questions.				
		st opportunity to surv	rive?			as given the best oppo	ortunity to survive?				
☐ Yes [					_	les □ No					
		ermination that the particle to avert death or ser					tion that the pregnant woman had a condition ert death or serious impairment to the pregnant				
woman?			•		woman?	-					
					1						
Date last normal me	_		Phy	ysician estima	te of gestation (i	n weeks)	ost fertilization age of the fetus (in weeks)				
How were the gestar		26/2018 e and post fertilization	on age determined?		8		6				
ULTRASOUND		<u>-</u>	<u>-</u>								
Full name of physic	-	rming termination									
Address of physicia		ning termination (nu	mber and street. city	, state, and zir	o code)						
8645 CONNECTIO	-	-			, 						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year	·):							
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/25/2018	3							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or tov	vn, of pregna	ncy termin	ounty of pregnanc	y termination		
	ncy termination	Educa	tion			No Diploma	
Native Hawaiian or Other Pacific Islander White	Black or African Other	American	Unkno	own		or Latino anic or Latino	Unknown
Live Births:					ed termination	0	
Other Terminations: Number of spontaneous terminations 0			Number	or mauc	ed terminatio	0	
Dates of terminations (Do not include this termination. If more than	n six (6), those most	recent.)		5.		6.	
Fetus delivered alive? If yes, length of time fetus survived	l:				Complication	n(s) of Pregnancy	Termination
☐ Yes ■ No				■ No	one	☐ Uterin	e Perforation
				□ Не	morrhage	☐ Cervic	al Laceration
Fetus viable? If viable, medical reason for terminal If viable, medical reason for the If viable, medical reason fo	ation:			☐ Inf	ection	☐ Retain	ed Products
				— Of	her (Specify)		
Pathological examination					ner (speedy)		
performed?			_				
☐ Yes ■ No				oid this t	ermination of  No	f pregnancy resul	in a maternal death?
	Type of Termina	tion Procedu	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure th	at Term	inated Pregna	ancy	
☐ Medical (Nonsurgical) Mifepristone	1	☐ Medical	(Nonsurgio	cal) Mi	fenristone	•	
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)	j	Medical	(Nonsurgio	cal) Mi	soprostol		
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration					n Curettage wal Aspiratio	n	
Medical (Surgical) Other (Specify)	]		(Surgical)				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) p	procedu	res, answer th	ne following ques	tion.
Was the fetus viable or have a post fertilization age at least 20 we ☐ Yes ■ No	eeks?		us viable or Yes		post fertiliza	tion age at least 2	0 weeks?
If the previous question was answered yes, complete the following	questions.	f the previou	s question	was ans	swered yes, co	omplete the follo	wing questions.
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given th		pportunity to	survive?	
What was the basis for determination that the pregnant woman ha							an had a condition
that required the procedure to avert death or serious impairment twoman?	to the pregnant	that require woman?	d the proce	edure to	avert death of	r serious impairm	ent to the pregnant
Date last normal menses began	Physician estimate of	f gestation (i	n weeks)		Post fertiliz	zation age of the f	etus (in weeks)
03/04/2018		10	,			8	, ,
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	1?						
Full name of physician performing termination							1
DR. MANDY GITTLER		•					
Address of physician performing termination (number and street, c 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410	city, state, and zip co	ode)					
**Date Reported to DCS, if Patient under 16 (month, day, ye							
DATE RECEIVED BY ISDH (month, day, year): 05/25/20	)18						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or		ncy termination	County of pregnancy termination <b>LAKE</b>				
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
44		Yes No	05/23/20			ı		ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	4 s terminations			Number of inc		0 inations			
Other Termination	15.		1 ation. If more than six (6	) those m	ost recent )			2			
1. UNKNOWN		UNKNOWN	UNKNOWN	), inose m	4	5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	None	☐ Uterin	e Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes Yes	No	ii viable, illedical	reason for termination.				Infection	☐ Retair	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?	No					Didth	is tarminati	on of prognancy rocu	It in a maternal death?		
	110								it in a maternal death?		
			Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonst						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu				(Nonsurgical) (Nonsurgical)							
I mental (company) sand (opecy))											
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage											
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Mer	ıstrual Aspi	ration			
Medical (Surgio	car) Otn	er (Specify)			Medical	(Surgical) Othe	ег (Ѕресіју)				
									_		
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following ques	stion.		
Was the fetus viab  ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following questio	ons.	If the previou	s question was	answered y	es, complete the follo	wing questions.		
Was the fetus give	n the bes	t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
☐ Yes [	☐ No				Y	Yes No					
			regnant woman had a con ous impairment to the pr					hat the pregnant won ath or serious impairs			
woman?	roccaure	to avert death of sen	ous impairment to the pr	ognan	woman?	a the procedure	to avert de	an or serious impuni	nem to the pregnant		
					<u> </u>						
Date last normal me	_		Physicia	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		26/2018 e and post fertilization	n age determined?		7			5			
ULTRASOUND											
Full name of physics		rming termination									
		ning termination (num	nber and street, city, stat	te, and zip	code)						
8645 CONNECTIC	-	-									
•			6 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/25/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CON MERRILLVILLE, IN, 46410	NECTICUT STREET,	City or town, of pre	gnancy termination RRILLVILLE	County of pregnancy termination LAKE				
Potiont's age**	Data of	notion I T	unation.					
Patient's age**  22  Married  Yes  No	Date of pregnancy termi <b>05/23/201</b>			h School Diploma or GED				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Number now living	■ White □ Other	c or African America	n [	Ethnicity  Hispanic or Latino  Not Hispanic or Latino  Cased  Unknown				
Live Births:	0		Number of induce	0				
Other Terminations: Number of spontan	0		Number of made	1				
Dates of terminations (Do not include this term	unation. If more than six (6),		5	6				
	time fetus survived:			Complication(s) of Pregnancy Termination				
☐ Yes ■ No			■ No	ne Uterine Perforation				
			☐ Hei	morrhage				
Fetus viable? If viable, medic	al reason for termination:			ection Retained Products				
				er (Specify)				
Pathological examination If yes, results:				er (specify)				
performed?								
☐ Yes ■ No			Did this to	ermination of pregnancy result in a maternal death?  No				
	Type	of Termination Proc	edures					
Procedure that Terminated Pregnancy		Additiona	l Procedure that Termi	nated Pregnancy				
☐ Medical (Nonsurgical) Mifepristone			cal (Nonsurgical) Mif					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)	cal (Nonsurgical) Mis cal (Nonsurgical) Oth	surgical) Misoprostol surgical) Other ( <i>Specify</i> )						
■ Medical (Surgical) Suction Curettage								
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Med	cal (Surgical) Menstru	nal Aspiration				
Medical (Surgical) Other (Specify)		∐ Med	cal (Surgical) Other (S	Specify)				
For Medical (Surgical) procedures, answer the	following question.	For Medi	cal (Surgical) procedur	es, answer the following question.				
Was the fetus viable or have a post fertilizati ☐ Yes ■ No	on age at least 20 weeks?		fetus viable or have a	post fertilization age at least 20 weeks?				
If the previous question was answered yes, cor	nplete the following question	ns. If the prev	vious question was ansv	wered yes, complete the following questions.				
Was the fetus given the best opportunity to s  ☐ Yes ☐ No	urvive?		fetus given the best op Yes No	pportunity to survive?				
What was the basis for determination that the	pregnant woman had a cond		_	nation that the pregnant woman had a condition				
that required the procedure to avert death or		egnant that requ	ired the procedure to a	evert death or serious impairment to the pregnant				
woman?		woman						
	T =- • ·			D. (C. C.)				
Date last normal menses began 03/13/2018	Physician	n estimate of gestation 10	n (in weeks)	Post fertilization age of the fetus (in weeks)  8				
How were the gestational age and post fertiliza	tion age determined?							
ULTRASOUND								
Evil name of short-line C								
Full name of physician performing termination DR. MANDY GITTLER								
Address of physician performing termination (	•	e, and zip code)						
8645 CONNECTICUT STREET, MERRILL	VILLE, IN 46410							
**Date Reported to DCS, if Patient unde	r 16 (month day year)							
DATE RECEIVED BY ISDH (month, do								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion				
28		Yes No	05/23/20	18			1	ollege, No Degree		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	☐ Not	y vanic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	0			Number of inc		0 inations		
Other Termination	15.		ation. If more than six (6	) those m	ost recent )	Trumoer or mr	daced terms	2		
1. <b>2011</b>			3			5		6		
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination	
l les	INO					■	None	Uterin	ne Perforation	
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge 🗌 Cervio	cal Laceration	
☐ Yes ■	No						Infection	☐ Retair	ned Products	
							Other (Spe	ecify)		
Pathological examin	ation	If yes, results:								
Yes •	No					Did th ☐ Ye			It in a maternal death?	
			Туре	of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)				
Medical (Nonst						(Nonsurgical)				
Medical (Surgion Medica		tion Curettage astrual Aspiration				(Surgical) Suct (Surgical) Mer				
Medical (Surgio						(Surgical) Othe				
For Medical (Surgic	al) proce	duras answar tha fol	lowing question		For Medical	(Surgical) proce	duras anev	wer the following que		
			age at least 20 weeks?					tilization age at least		
☐ Yes [	■ No	•			·	Yes No	•	· ·		
			ete the following question	ons.	1	•	·	ves, complete the follo	wing questions.	
Was the fetus give ☐ Yes [		t opportunity to surv	ive?			us given the bes Yes	t opportuni	ity to survive?		
			egnant woman had a cor					that the pregnant won		
woman?	occuure	to avert death of sen	ous impairment to the pr	egnant	woman?	a me procedure	to avert de	an or serious impairi	nent to the pregnant	
					I					
Date last normal me	_	an <b>31/2018</b>	Physicia	an estimate	e of gestation ( <i>i</i>	in weeks)	Post fo	ertilization age of the	fetus (in weeks)	
How were the gestat	ional age	e and post fertilization	n age determined?				1			
ULTRASOUND										
Full name of physic	ian perfo	rming termination								
DR. MANDY GITTI	LER	_								
Address of physician 8645 CONNECTIC	-	-	nber and street, city, stat LLE, IN 46410	te, and zip	code)					
**D	4- DCC	:f D-4:								
•			6 (month, day, year):					_		
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 3312312013							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRI	LLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termination		County of pregnancy termination <b>LAKE</b>		
Patient's age**	Marrie	1	Date of pregnancy term	mination	Educa	tion				
20		Yes No	05/23/20	018				ool Diploma or GE	D	
Race American Indian Native Hawaiian	or Other		Asian Bla White Oth		can American	Unknown	■ Not	y panic or Latino Hispanic or Latino	☐ Unknown	
Live Births:			0			Number of in		0		
Other Terminations	5.	imber of spontaneou	0	() d		Number of h	iduced term	0		
Dates of terminations	s (Do no 2.		ation. If more than six (			5.		6		
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■ N	No					■	None	☐ Uterii	ne Perforation	
F		TC ' 11 1' 1	6				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes  N	No	If viable, medical	reason for termination:				Infection	☐ Retain	ned Products	
							Other (Spe	ecify)		
Pathological examina	ation	If yes, results:				$\dashv$ $^{-}$	( <i>-</i> - <b>-</b> - <b>-</b>			
performed?		•					1		11.10	
ies i	NO								It in a maternal death?	
			Туг	e of Termi	ination Procedu	res				
Procedure that Termi	inated Pr	regnancy			Additional Pr	rocedure that T	erminated P	regnancy		
■ Medical (Nonsu						(Nonsurgical)				
							Misoprosto Other (Spec			
Medical (Nonsurgical) Other (Specify)							(-1	- 337		
Madical (Surgic	ual) Suat	ion Curattaga			☐ Madical	(Surgical) Su	ation Curatte	200		
	al) Men	strual Aspiration			☐ Medical	(Surgical) Su (Surgical) Me	enstrual Asp	iration		
Medical (Surgic	al) Othe	er (Specify)			☐ Medical	(Surgical) Ot	her ( <i>Specify</i> )	)		
For Medical (Surgica	al) proce	dures, answer the fol	llowing question.		For Medical (	(Surgical) proc	edures, ansv	wer the following que	stion.	
Was the fetus viabl ☐ Yes ☐		e a post fertilization	age at least 20 weeks?			us viable or ha Yes 🔲 No	ve a post fer	tilization age at least	20 weeks?	
If the previous questi	ion was a	answered yes, compl	lete the following questi	ions.	If the previou	s question was	s answered y	ves, complete the follo	owing questions.	
Was the fetus giver		t opportunity to surv	ive?			us given the be	est opportuni	ity to survive?		
	_	rmination that the n	egnant woman had a co	ndition		_	tormination	that the pregnant wor	nan had a condition	
that required the pr			ious impairment to the p		that require			eath or serious impair		
woman?					woman?					
Detail :						1		Latitud 0.7	£-4 (: 1 )	
Date last normal mer	_	n <b>)4/2018</b>	Physic	ıan estimat	te of gestation (i	in weeks)	Post f	ertilization age of the	tetus (in weeks)	
How were the gestati	ional age	and post fertilizatio	on age determined?				<u> </u>			
ULTRASOUND										
Full name of physicis	an norfe	ming termination								
DR. MANDY GITTL		ming termination								
	-	-	mber and street, city, st	ate, and zip	code)					
8645 CONNECTIC	UI STR	EEI, MERRILLVII	LLE, IN 46410							
**Date Renorted t	to DCS	if Patient under 1	6 (month, day, year): _							
DATE RECEIVE										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  City or town, of pregnancy termination MERRILLVILLE  County of pregnancy termination LAKE								*		
To de all all all all all all all all all al	1		L D . C			.•				
Patient's age**  34	Marrie	d ■ Yes □ No	Date of pregnancy term <b>05/23/20</b> 1		Educa	tion		Bache	elor's Degree	
Race American Indian Native Hawaiian Live Births:	n or Alas n or Othe	ka Native	☐ Asian ☐ Blac ■ White ☐ Othe	k or Africa	an American		known per now c	Ethnicity  Hispan	nic or Latino ispanic or Latino	☐ Unknown
Other Termination	N N	umber of spontaneou	as terminations			Numb	er of ind	luced termin	ations 0	
Dates of termination	15.	t include this termin	1 ation. If more than six (6,		ost recent.)				0	
1. UNKNOWN	2	1	3		1		5	Complies	ation(s) of Pregnanc	
Fetus delivered alive		If yes, length of ti	me fetus survived:				• :	None		ne Perforation
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	☐ Cervi	cal Laceration
☐ Yes ■	No							Infection	☐ Retain	ned Products
Pathological examin	nation	If yes, results:						Other (Speci	fy)	
performed?	No						Did thi ☐ Ye			It in a maternal death?
			_	2.5						
Procedure that Term	ninated P	regnancv	Туре	of Termir	Additional P		e that Te	rminated Pre	egnancy	
☐ Medical (Nons		•						Mifepristone		
Medical (Nonst	urgical)	Misoprostol			Medical	(Nonsu	rgical) I	Misoprostol Other ( <i>Speci</i> j		
Madical (Sympi										
☐ Medical (Surgi	■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration         □ Medical (Surgical) Other (Specify)        Medical (Surgical) Other (Specify)									
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	dures, answe	er the following que	stion.
Was the fetus viab ☐ Yes		e a post fertilization	age at least 20 weeks?			us viabl Yes [		e a post ferti	lization age at least	20 weeks?
If the previous quest	tion was	answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was a	nswered ye	s, complete the follo	owing questions.
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			us giver Yes [		t opportunity	y to survive?	
What was the basi	s for dete		regnant woman had a con ious impairment to the pr		What was the	he basis	for dete		at the pregnant won h or serious impair	nan had a condition nent to the pregnant
Date last normal me	-	an 17/2018	Physicia	an estimate	of gestation (i	in weeks	s)	Post fer	tilization age of the	fetus (in weeks)
How were the gestar			on age determined?						<u>_</u>	
CEITAGOORD										
Full name of physic DR. MANDY GITT	LER									
Address of physicial 8645 CONNECTIO	-	-	mber and street, city, stat LLE, IN 46410	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):							
-		ISDH (month, day,	05/05/0040							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE			
Patient's age**	Marrie	ed l	Date of pregnancy terr	mination	Educa	tion							
20		Yes No	05/23/20				Н		ol Diploma	or GED	)		
Race American Indian Native Hawaiian	or Othe		Asian Bla White Oth		can American		ıknown per now d	■ Not F	nic or Latino Hispanic or La	tino	Unknown		
Live Births:	N	lumber of spontaneou	1			- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		uced termin	0				
Other Termination	3.		0	<i>(</i> ) 1		INUITIO	oei oi iiiu	uced terrini	0				
Dates of termination	s ( <i>Do no</i>		ation. If more than six (		ost recent.)		5.			6.			
Fetus delivered alive	?	If yes, length of ti						Complic	ation(s) of Pre	egnancy	Termination		
☐ Yes ■ 1	No						■ N	None		Uterine	e Perforation		
							☐ F	Hemorrhage	e 🗆	Cervic	al Laceration		
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				Пп	nfection		Retain	ed Products		
									.;6.)	110111111	110000		
Pathological examination	ation	If yes, results:					Other (Specify)						
performed?		ii yes, resuits.											
☐ Yes ■	No						Did this			cy result	in a maternal death?		
		•											
	_		Tyr	e of Termi	ination Procedu	res				_			
Procedure that Term	inated F	regnancy			Additional Pr		e that Ter	minated Pr	egnancy				
■ Medical (Nonsurgical) Misoprostol													
	Otner ( <i>Specify</i> )	Medical	☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgio		tion Curettage nstrual Aspiration						on Curettag strual Aspir					
Medical (Surgio								r (Specify)					
For Medical (Surgical	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following	ng ques	tion.		
Was the fetus viabl ☐ Yes [		ve a post fertilization	age at least 20 weeks?			us viabl Yes [		a post fert	ilization age a	t least 2	0 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following questi	ions.	If the previou	ıs quest	ion was a	nswered ye	es, complete th	ne follov	ving questions.		
Was the fetus given	n the be	st opportunity to surv	ive?		Was the fet	us givei	n the best	opportunit	y to survive?				
☐ Yes ☐		Tr				Yes [			,				
			regnant woman had a co								an had a condition		
woman?	rocedure	to avert death or ser	ious impairment to the p	pregnant	woman?	a tne pr	ocedure t	o avert dea	tn or serious i	mpairm	ent to the pregnant		
					<u> </u>								
Date last normal men	nses beg	gan	Physic	ian estimat	te of gestation (	in week.	s)	Post fer	rtilization age	of the f	etus (in weeks)		
	03/	17/2018	-		9					7			
How were the gestat	ional ag	e and post fertilization	n age determined?										
Full name of physici		orming termination											
DR. MANDY GITTL			7		7 )								
Address of physician 8645 CONNECTION	-	-	mber and street, city, sto	ate, and zip	o code)								
		· · · · · · · · · · · · · · · · · · ·											
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _						_				
DATE RECEIVE													

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age**   Marrican   Marrican   So   Yes   No   No   No   No   No   No   No   N
American Indian or Alaska Native
Asian   Asian   Asian   Asian   Asian   Asian   Black or African American   Unknown   Not Hispanic or Latino   Unknown
Other Terminations:   Number of spontaneous terminations   Number of induced termination   Number of induced terminations   Number of induced termination   Number of induced terminations   Number of
Other ferminations: 2D not include his termination. If more than sis (6), those most recent.)   UNKNOWN   Under the companies of the c
Fetus delivered alive?    Yes   No
Fetus delivered alive?   If yes, length of time fetus survived:
Petus viable?
Fetus viable?
Yes   No   No   No   No   No   No   No   N
Pathological examination performed?    Yes   No
Pathological examination performed?    Yes   No
Procedure that Terminated Pregnancy
Type of Termination Procedures  Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)  Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?
Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  Medical (Surgical) Other (Specify)  Medical (Surgical) Other (Specify)  Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Surgical) Misoprostol Medical (Surgical) Suction Curettage Medical (Surgical) Denstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?
Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  Medical (Surgical) Other (Specify)  Medical (Surgical) Other (Specify)  Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Surgical) Misoprostol Medical (Surgical) Suction Curettage Medical (Surgical) Denstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?
■ Medical (Nonsurgical) Mifepristone         Medical (Nonsurgical) Misoprostol         ■ Medical (Nonsurgical) Misoprostol         Medical (Nonsurgical) Misoprostol           Medical (Nonsurgical) Other (Specify)         Medical (Nonsurgical) Misoprostol           Medical (Nonsurgical) Medical (Nonsurgical) Other (Specify)         Medical (Surgical) Suction Curettage           Medical (Surgical) Medical (Surgical) Menstrual Aspiration         Medical (Surgical) Menstrual Aspiration           Medical (Surgical) Other (Specify)         Medical (Surgical) Procedures, answer the following question.           For Medical (Surgical) procedures, answer the following question.         Was the fetus viable or have a post fertilization age at least 20 weeks?           Yes         No         If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?         Was the fetus given the best opportunity to survive?
■ Medical (Nonsurgical) Misoprostol        Medical (Nonsurgical) Misoprostol         ■ Medical (Nonsurgical) Other (Specify)        Medical (Nonsurgical) Other (Specify)         ■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         ■ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration         ■ Medical (Surgical) Other (Specify)        Medical (Surgical) Other (Specify)     For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Procedures, answer the following question.         For Medical (Surgical) procedures, answer the following question.       For Medical (Surgical) procedures, answer the following question.         Was the fetus viable or have a post fertilization age at least 20 weeks?       ☐ Yes ☐ No         If the previous question was answered yes, complete the following questions.       If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?       Was the fetus given the best opportunity to survive?
☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)         For Medical (Surgical) procedures, answer the following question.       For Medical (Surgical) procedures, answer the following question.         Was the fetus viable or have a post fertilization age at least 20 weeks?       ☐ Yes ☐ No         If the previous question was answered yes, complete the following questions.       If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?       Was the fetus given the best opportunity to survive?
☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)         For Medical (Surgical) procedures, answer the following question.       For Medical (Surgical) procedures, answer the following question.         Was the fetus viable or have a post fertilization age at least 20 weeks?       ☐ Yes ☐ No         If the previous question was answered yes, complete the following questions.       If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?       Was the fetus given the best opportunity to survive?
☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)         For Medical (Surgical) procedures, answer the following question.       For Medical (Surgical) procedures, answer the following question.         Was the fetus viable or have a post fertilization age at least 20 weeks?       ☐ Yes ☐ No         If the previous question was answered yes, complete the following questions.       If the previous question was answered yes, complete the following questions.         Was the fetus given the best opportunity to survive?       Was the fetus given the best opportunity to survive?
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  Was the fetus given the best opportunity to survive?  For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No  Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No  Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive? ☐ Was the fetus given the best opportunity to survive?
Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?
☐ Yes ☐ No
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant which is the pregnant
woman? woman?
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)  03/16/2018 9 7
How were the gestational age and post fertilization age determined?
ULTRASOUND
Full name of physician performing termination
DR. MANDY GITTLER
Address of physician performing termination (number and street, city, state, and zip code)
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410
**Date Reported to DCS, if Patient under 16 (month, day, year):
DATE RECEIVED BY ISDH (month, day, year): 05/25/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRIL MERRILLVILLE, IN, 46410	LVILLE - 8645 CONNEC	TICUT STREET,	City or t	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
		<b>D</b>									
Patient's age**  36  Race  Married	Yes • No	Date of pregnancy term 05/23/20		Educat	rion		h Schoo	l Diploma o	or GED		
American Indian or Alaska Native Hawaiian or Other	Pacific Islander	Asian Blace White Other		an American	Unknov	vn [	☐ Hispan ■ Not Hi	ic or Latino spanic or Lat	tino	Unknown	
Live Births:	mber now living	3			Number no			0			
other reminations.	mber of spontaneou	0			Number of	finduce	ed termina	ntions 6			
Dates of terminations (Do not a UNKNOWN	include this termine UNKNOWN	ntion. If more than six (6	,,	ost recent.) <sub>4.</sub> <b>UNKNOWN</b>		5. UN	IKNOWN	,	UNK	NOWN	
Fetus delivered alive?	If yes, length of tir							tion(s) of Pre			
☐ Yes ■ No						■ No:	ne		Uterine	Perforation	
						] Hei	morrhage		Cervica	l Laceration	
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				☐ Infe	ection		Retaine	d Products	
						_	her ( <i>Specij</i>	5.)			
Pathological examination	If yes, results:						нег (ъресі)	<i>y)</i>			
performed?	ii yes, resures.										
☐ Yes ■ No					Dic		erminatior  No	of pregnanc	y result	in a maternal death?	
		Туре	e of Termin	nation Procedur	res						
Procedure that Terminated Pre	egnancy			Additional Pr	ocedure that	t Termi	inated Pre	gnancy			
Medical (Nonsurgical) M		(Nonsurgica									
☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) O		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction	on Curettage			☐ Medical	(Surgical) S	Suction	Curettage	<u> </u>			
Medical (Surgical) Mens Medical (Surgical) Other	trual Aspiration			☐ Medical	(Surgical) N (Surgical) (	Menstru	ual Aspira				
Medical (Surgical) Other	(Specify)			☐ Medicai	(Surgical) (	Julei (.	specijy)				
										_	
For Medical (Surgical) proceds	ures, answer the fol	lowing question.		For Medical (	Surgical) pr	ocedur	res, answe	the following	ng questi	ion.	
Was the fetus viable or have ☐ Yes ■ No	a post fertilization	age at least 20 weeks?			is viable or l Yes		post fertil	ization age a	t least 20	) weeks?	
If the previous question was ar	nswered yes, compl	ete the following question	ons.	If the previou	s question w	vas ans	wered yes	, complete th	ne follow	ving questions.	
Was the fetus given the best	opportunity to surv	ive?		Was the fett	is given the		pportunity	to survive?			
	e de de de		11.1	_				1		1 1 10	
What was the basis for determental that required the procedure to				that required						n had a condition ent to the pregnant	
woman?				woman?							
Date last normal menses begar	1 2/2018	Physicia	an estimate	e of gestation (i	n weeks)		Post fert	ilization age	of the fe	etus (in weeks)	
How were the gestational age a		n age determined?					<u> </u>				
ULTRASOUND											
Full name of physician perform <b>DR. MANDY GITTLER</b>	ning termination										
Address of physician performi 8645 CONNECTICUT STRE		•	te, and zip	code)							
0043 COMMECTICUT STRE	I, WIERRILLVII	, IN +04 IV									
**Date Reported to DCS, i	if Patient under 1	6 (month, day, year):									
DATE RECEIVED BY IS	SDH (month, day,	year):05/25/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna	•		County of pregnancy termination LAKE
Datie of the same	T	D-4- C	· · ·	1 = -	.:_		
Patient's age** 42	Married ■ Yes □ No	Date of pregnancy term 05/23/201		Educa	tion		elor's Degree
Race American Indian Native Hawaiian	n or Other Pacific Islander	Asian Black White Othe		nn American		known Not I	anic or Latino Hispanic or Latino  Unknown
Live Births:	Number now living	1			Numb	er now deceased	0
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 0
Dates of termination	ns (Do not include this termin	*		ost recent.)			
Fetus delivered alive		me fetus survived:	4	1		5	cation(s) of Pregnancy Termination
Yes •	, , ,	me retus sur viveu.				■ None	Uterine Perforation
						☐ Hemorrhag	
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:					_
☐ Yes ■	NO					☐ Infection	Retained Products
D.d. 1 . 1	. TC 1.					Other (Spec	ify)
Pathological examin performed?	nation If yes, results:						
☐ Yes ■	No					Did this termination	on of pregnancy result in a maternal death?
		Туре	of Termin	nation Procedur	es		
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec	
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	re .
☐ Medical (Surgi	cal) Menstrual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)	
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered yo	es, complete the following questions.
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition
	rocedure to avert death or ser						ath or serious impairment to the pregnant
woman:				woman:			
Date last normal me	enses hegan	Dhycicia	ın estimata	of gestation (i	n woob	g) Doet fo	rtilization age of the fetus (in weeks)
	03/26/2018		commate	7	weeks	rost le	5
	tional age and post fertilization	on age determined?					
ULTRASOUND							
Full name of physic	ian performing termination						
DR. MANDY GITT	LER						
	n performing termination (nu	•	e, and zip	code)			
SUTU SUIVINECTIO	O O TREET, MERRILLY	, +0+10					
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-
DATE RECEIVI	ED BY ISDH (month, day,	year): 05/25/2018					_

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or		ancy terminatior	County of pregnancy termination LAKE					
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion						
20		Yes No	05/23/20	18				ollege, No Degree				
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	1 us terminations			Number of inc		0 inations				
Other Termination	15.		ation. If more than six (6	) those m	ost recent )	T valider of in-		1				
1. <b>2016</b>	2		3		*	5	6					
Fetus delivered alive		If yes, length of tin	me fetus survived:				cation(s) of Pregnanc	of Pregnancy Termination				
☐ Yes ■	No					ne Perforation						
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes •	No	ii viable, inedicar	reason for termination.				Infection	☐ Retain	ned Products			
							Other (Spe	cify)				
Pathological examin	ation	If yes, results:										
performed?	No					Did th	is terminati	on of pregnancy resu	It in a maternal death?			
					Did this termination of pregnancy result in a maternal d  Yes No							
			Туре	of Termi	nation Procedur	res						
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy				
Medical (Nonsu						(Nonsurgical)						
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
Medical (Surgio	cal) Suc	ion Curettage			☐ Medical	(Surgical) Suc	tion Curetta	nge				
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) Mer (Surgical) Other						
	,	(~				(~ 8 )	(~F 5))					
For Medical (Surgic	-1)	4 4. C-1			For Medical (Surgical) procedures, answer the following question.							
	_											
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?			
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	is question was	answered y	es, complete the follo	owing questions.			
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fet	us given the bes	t opportuni	ty to survive?				
☐ Yes [	☐ No					Yes No						
			regnant woman had a cor lous impairment to the pr					that the pregnant won ath or serious impairs				
woman?	roccaure	to avert death of sen	ious impairment to the pi	regnam	woman?	a the procedure	to avert de	an or serious impair	nent to the pregnant			
Date last normal me	_		Physicia	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		26/2018 e and post fertilizatio	n age determined?		9			7				
ULTRASOUND		<u>-</u>	- 									
Full name of physics		rming termination										
		ning termination (num	mber and street, city, sta	te, and zip	code)							
8645 CONNECTIC	UT STR	EET, MERRILLVII	LLE, IN 46410									
**D . D	t- DCC	ich-ii i i										
•			6 (month, day, year):					_				
DATE RECEIVE	ED BY	SDH (month, day,	year): U5/25/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRIL	LVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	ncy termination		County of pregnancy termination LAKE			
			D	<del> </del>	T = :						
Patient's age** 26	Married	Yes No	Date of pregnancy t  05/23		Educat			ollege, No Degree			
Race American Indian Native Hawaiian	n or Other		= =	Black or Afric Other	can American	Unknown Number now de	■ Not	y anic or Latino Hispanic or Latino			
Live Births:			0			Number of indu		O			
Other Termination	15.	mber of spontaneou	0			Number of mau	ced termi	0			
Dates of termination	,		ation. If more than siz	* **	ŕ	5.		6.			
Fetus delivered alive			me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ N	one	☐ Uterine Perforation			
						— пн	emorrhag	ge Cervical Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination	n:		Retained Products					
	110						ifection	_			
Dath alogical avenin	notion	If you mosulton				0	ther (Spe	cify)			
Pathological examin performed?	iation	If yes, results:									
☐ Yes ■	No				Did this termination of pregnancy result in a mater  Yes  No						
			Т	ype of Term	ination Procedur	res					
Procedure that Term	ninated Pre	egnancy			Additional Pr	ocedure that Tern	ninated P	regnancy			
☐ Medical (Nons						(Nonsurgical) M					
Medical (Nonsi						(Nonsurgical) M (Nonsurgical) Ot					
_ `	υ,	1 337				` ' '	` 1				
	1) 0					(G : 1) G .:	- C #				
	cal) Mens	trual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Menst	rual Aspi	ration			
Medical (Surgion	cal) Other	(Specify)			☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgic	cal) proced	ures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes ☐		a post fertilization	age at least 20 weeks	?		is viable or have a	a post fer	tilization age at least 20 weeks?			
If the previous ques	tion was a	nswered yes, comp	lete the following que	estions.	If the previou	s question was an	swered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		opportunity to surv	vive?			us given the best of	opportuni	ty to survive?			
	_	mination that the n	regnant woman had a	aandition	_	_	nination t	hat the pregnant woman had a condition			
that required the p			ious impairment to th		that required			ath or serious impairment to the pregnant			
woman?					woman?						
					•						
Date last normal me	_	n <b>3/2018</b>	Phys	sician estima	te of gestation (i.	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestar			on age determined?		•			<u> </u>			
ULTRASOUND											
	Ill name of physician performing termination  R. MANDY GITTLER										
		ng termination (nu	mber and street, city,	state, and zip	o code)						
8645 CONNECTIO	UT STRE	EET, MERRILLVI	LLE, IN 46410								
**Date Reported	to DCS,	if Patient under			_						
DATE RECEIVI	ED BY IS	SDH (month, day,	year): 05/25/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 864 MERRILLVILLE, IN, 46410	45 CONNECTICUT STREET,	City or t	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE			
Patient's age**  34  Married  Yes  Race	Date of pregnancy to 05/23	termination /2018	Educa	tion	Some Col	llege, No Degree				
☐ American Indian or Alaska Native☐ Native Hawaiian or Other Pacific Isl	ander White	Black or Africa Other	an American	Unknown	☐ Hispai ■ Not H	nic or Latino ispanic or Latino	Unknown			
Live Births: Number now	living 3			Number now d	eceased	0				
Other Terminations: Number of sp	oontaneous terminations			Number of ind	uced termin	ations 0				
Dates of terminations (Do not include th	is termination. If more than si	x (6), those mo	ost recent.)	5		6				
Fetus delivered alive? If yes, ler	ngth of time fetus survived:				Complica	ation(s) of Pregnancy	y Termination			
☐ Yes ■ No				1	None	☐ Uterin	e Perforation			
T	* 1 0 0 1 1 1			al Laceration						
Fetus viable? If viable,  ☐ Yes ■ No	medical reason for terminatio	n:			nfection	☐ Retain	ed Products			
					Other (Speci					
Pathological examination If yes, res	sults:				outer (speci	<i>137</i>				
performed?										
☐ Yes ■ No			Did this termination of pregnancy result in a maternal ☐ Yes ■ No							
				·						
Type of Termination Procedures										
Procedure that Terminated Pregnancy			Additional Pr	ocedure that Ter	minated Pre	egnancy				
Medical (Nonsurgical) Mifepriston				(Nonsurgical) M						
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Spec			<ul><li>Medical</li><li>Medical</li></ul>	(Nonsurgical) M (Nonsurgical) C	Alsoprostoi Other ( <i>Specij</i>	fy)				
Medical (Surgical) Suction Curetta	ge		Medical	(Surgical) Sucti	on Curettag	e				
Medical (Surgical) Menstrual Aspi Medical (Surgical) Other (Specify)			Medical	(Surgical) Mens (Surgical) Other	strual Aspira	ation				
Medical (Surgical) Other (Specify)			Medical	(Surgical) Other	г (Specify)					
			For Medical (Surgical) procedures, anguar the following question							
For Medical (Surgical) procedures, answ	ver the following question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fert  Yes No	tilization age at least 20 weeks	s?		us viable or have Yes  \text{No}	a post ferti	lization age at least?	20 weeks?			
If the previous question was answered ye	es, complete the following que	estions.	If the previou	s question was a	nswered yes	s, complete the follo	wing questions.			
Was the fetus given the best opportunit Yes No	ty to survive?			us given the best	opportunity	to survive?				
	L - 4 4 L	1:4:	<del>_</del>	_		-4.41	1 1 1141			
What was the basis for determination to that required the procedure to avert dear			that require			at the pregnant wom h or serious impairn				
woman?			woman?							
L										
Date last normal menses began 03/26/2018	Phy	sician estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	fetus (in weeks)			
How were the gestational age and post for	ertilization age determined?		<u> </u>			4				
ULTRASOUND	-									
Full name of physician performing termi <b>DR. MANDY GITTLER</b>	ination									
Address of physician performing termina		state, and zip	code)							
8645 CONNECTICUT STREET, MER	ANILLVILLE, IN 4041U									
**Date Reported to DCS, if Patient	under 16 (month, day, year)	:								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town	City or town, of pregnancy termination County of pregnancy termination  MERRILLVILLE LAKE							
			<u> </u>				<u> </u>				
Patient's age**	Married	Date of pregnancy term		Educat	ion	C C	allama Na Dannas				
Race	■ Yes □ No	05/23/201	18			Ethnicity	ollege, No Degree				
☐ American Indian ☐ Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe	k or African A	merican	Unknown	☐ Hisp	anic or Latino Hispanic or Latino				
Live Births:	Number now living	1	,1		Number now d		0				
Other Termination	Number of spontaneo	<del>-</del>			Number of ind	uced termi	-				
	ns (Do not include this termin	nation. If more than six (6)	), those most re	ecent.)			I				
1. UNKNOWN		3	4		5		6				
Fetus delivered alive	, ,	ime fetus survived:				•	ation(s) of Pregnancy Termination				
					1 • 1	None	Uterine Perforation				
Fetus viable?	If viable, medical	l reason for termination:				Hemorrhag	e Cervical Laceration				
Yes I	No					nfection	☐ Retained Products				
					cify)						
Pathological examin performed?	ation If yes, results:										
☐ Yes ■	No				on of pregnancy result in a maternal death?						
					☐ Yes	s 🔳 N	0				
		T	of Tomes	n Droos 1	20						
December of the management of	in and Dun	Type	of Terminatio								
Procedure that Term			Ad		ocedure that Ter						
	urgical) Mifepristone urgical) Misoprostol				(Nonsurgical) N (Nonsurgical) N						
	urgical) Other (Specify)				(Nonsurgical)						
	cal) Suction Curettage				(Surgical) Sucti						
Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)				(Surgical) Mens (Surgical) Other						
For Medical (Surgic	al) procedures, answer the fo	ollowing question.	For	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [	le or have a post fertilization	age at least 20 weeks?		Vas the fetu			tilization age at least 20 weeks?				
_	tion was answered yes, comp	plete the following question	ons. If t	_	<del></del>	nswered v	es, complete the following questions.				
	n the best opportunity to sur	0 1		_	s given the best						
☐ Yes [				□ Y	es No		•				
	s for determination that the procedure to avert death or se						hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	roccdure to avert death of se	nous impairment to the pr	-	voman?	tille procedure t	o avert de	and of serious impairment to the pregnant				
Date last normal me	nses began 03/20/2018	Physicia	an estimate of g		ı weeks)	Post fe	ertilization age of the fetus (in weeks)				
How were the gestat	tional age and post fertilizati	on age determined?		9			7				
ULTRASOUND	- 										
Full name of physici	ian performing termination <b>LER</b>										
_	n performing termination (nu	umber and street, city, stat	te, and zip code	e)							
8645 CONNECTIC	UT STREET, MERRILLV	ILLE, IN 46410									
**D . D	A DOG ISB II	167									
_	to DCS, if Patient under					<del> </del>	_				
DATE DECEIVE	ED RV ISDH (month day	veer). USIZSIZUIO									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE - 8645 CONNE	CTICUT STREET,	City or		ncy termination	County	County of pregnancy termination LAKE				
Dationt's 44	Ι.		Data of		F 1	tion						
Patient's age** 27	Mari	ried Yes No	Date of pregnancy t  05/09		Educa	Sc	me College, N	lo Degree				
Race American Indian Native Hawaiian			= =	Black or Afric Other	can American	[	thnicity ] Hispanic or La ] Not Hispanic o					
Live Births:		Number now living	2			Number now dece	ased 0					
Other Termination	ıs:	Number of spontaneou	us terminations 0			Number of induce	d terminations					
Dates of termination  1. UNKNOWN	ns (Do	not include this termin	ation. If more than siz		nost recent.)	5.		6.				
Fetus delivered alive	e?		me fetus survived:				Complication(s)	of Pregnancy Termination				
☐ Yes ■	No					■ Nor	e	☐ Uterine Perforation				
F ( 11.9		TC : 11 1: 1	C			Her	norrhage	☐ Cervical Laceration				
Fetus viable?  Yes	No	if viable, medical	reason for termination	n:		☐ Infe	ction	☐ Retained Products				
Pathological examir	nation	If yes, results:					er (Specify)					
performed?	No					anancy result in a maternal death?						
	110				Did this termination of pregnancy result in a matern  ☐ Yes ■ No							
			Т	ination Procedur	res							
Procedure that Term	ninated	Pregnancy			Additional Pr	ocedure that Termi	ated Pregnancy					
☐ Medical (Nons						(Nonsurgical) Mis (Nonsurgical) Mis						
		Other (Specify)				(Nonsurgical) Oth						
		uction Curettage			Medical	(Surgical) Suction	Curettage					
☐ Medical (Surgi ☐ Medical (Surgi		Ienstrual Aspiration ther (Specify)				(Surgical) Menstru (Surgical) Other (S						
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		ave a post fertilization	age at least 20 weeks	?		us viable or have a j	ost fertilization	age at least 20 weeks?				
	_	as answered yes, comp	lete the following au	estions.		_	vered ves. compl	ete the following questions.				
Was the fetus give	en the b	pest opportunity to surv			Was the fett	us given the best op						
☐ Yes [	☐ No					res  No						
		etermination that the pare to avert death or ser						egnant woman had a condition ous impairment to the pregnant				
woman?				1 0	woman?	•						
			1		1							
Date last normal me		egan 3/06/2018	Phys	sıcıan estima	te of gestation (i	n weeks)	Post fertilization	n age of the fetus (in weeks) 4				
	tional a	age and post fertilization	on age determined?			<u>l</u>						
ULTRASOUND												
Full name of physic	full name of physician performing termination											
DR. MANDY GITT	LER	-		-1-1: 7 :	J-\							
	•	orming termination (nuTREET, MERRILLVI	•	state, and zip	o coae)							
**Date Reported	to DC	CS, if Patient under 1	6 (month, day, year)									
DATE RECEIVI	ED BY	Y ISDH (month, day,	<i>year</i> ):06/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy termin	County of pregnancy termination LAKE					
D-4: 42 and			Deta i C		I == -	·:		<del>_</del>				
Patient's age** 21	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/23/20		Educat	tion	High Scho	ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Othe		■ White ☐ Othe		an American	Unkno		anic or Latino Hispanic or Latino  Unknown				
Other Termination	N N	fumber of spontaneou	on terminations			Number	of induced termi	nations 0				
	15.		0 ation. If more than six (6	). those m	ost recent.)			0				
1			3				5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■	No						None	☐ Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration				
Yes •	No	ii viabie, iliedicai	reason for termination.		☐ Infection ☐ Retained Pr							
					☐ Other (Specify)							
Pathological examin	nation	If yes, results:										
performed?  ☐ Yes ■	No					C 11 40						
l ies 🕒	NO			Did this termination of pregnancy result in a materna Yes No								
Type of Termination Procedures												
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure th	at Terminated Pr	regnancy				
☐ Medical (Nons	urgical)	Mifepristone			☐ Medical	(Nonsurgio	cal) Mifepriston	e				
Medical (Nonsi	urgical)	Misoprostol				(Nonsurgio	cal) Misoprostol	1				
ivicultar (Nonsi	urgicar)	Other (Specify)			Wicalcar	(1 tollsuigh	cai) Other (Spec	<i>(Jy)</i>				
<ul><li>Medical (Surgion</li><li>Medical (Surgion</li></ul>		tion Curettage nstrual Aspiration			☐ Medical ☐ Medical	(Surgical) (Surgical)	Suction Curetta Menstrual Aspi	ge ration				
Medical (Surgio	cal) Oth	er (Specify)					Other (Specify)					
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?			us viable or Yes		tilization age at least 20 weeks?				
If the previous ques	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question	was answered ye	es, complete the following questions.				
		st opportunity to surv	rive?				e best opportuni	ty to survive?				
☐ Yes [	<del></del>				_	Yes 🗌 1						
			regnant woman had a cor ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?					woman?							
					<u> </u>							
Date last normal me	_		Physicia	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)				
How were the gestar		e and post fertilization	on age determined?		12			10				
ULTRASOUND												
						-						
	all name of physician performing termination											
Address of physicia		ning termination (nu	mber and street, city, star	te, and zin	code)							
8645 CONNECTIO	-	-	•									
**Date Reported	to DCS	, if Patient under 1		<del></del>	_							
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/25/2018				_					

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	LLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE					
Patient's age**	<b>N</b> .	1	Date of pregnancy term	nination	Educa	tion								
24	Marrie [	Yes I No	05/23/20		Lauca	tion		Some Co	ollege, No D	egree				
Race American Indian Native Hawaiian	or Othe	Pacific Islander	☐ Asian ■ Blac ☐ White ☐ Othe		an American	Unl		Not 1	y anic or Latino Hispanic or La		☐ Unknown			
Live Births:		ımber now living	0				er now d		0					
Other Termination	15.	ımber of spontaneou	0			Numbe	er of ind	uced termi	nations 0					
Dates of termination	is (Do no		ation. If more than six (6				_			_				
Fetus delivered alive	2.	If yes, length of tin	me fetus survived:								of Pregnancy Termination			
Yes Yes		if yes, longur or th	ne retus sur viveu.				Uterin	e Perforation						
						cal Laceration								
Fetus viable?  Yes	N.o.	If viable, medical	reason for termination:					Hemorrhag Infection	,		ned Products			
l les e	NO													
Dath alocical avamin	ation	If yes, results:						Other (Spe	cify)					
Pathological examin performed?	ation	ii yes, iesuits:												
☐ Yes ■	No			Did this termination of pregnancy result in a maternal of Yes No										
					L 165   E 180									
			Type	nation Procedu	res									
Procedure that Term	inated Pi	egnancy			Additional Pr		that Ter	minated P	regnancy					
Medical (Nonsu								//////////////////////////////////////						
Medical (Nonsu  Medical (Nonsu  Medical (Nonsu	ırgical) l	Misoprostol			☐ Medical	(Nonsur	gical) N	Aisoprosto Other (Spec	1					
	irgicai) (	other (specify)			Wiedicai	(INOIISUI	gicai) C	otner (spec	<i>:(JY)</i>					
☐ Medical (Surgion Med		ion Curettage strual Aspiration			☐ Medical	(Surgica	al) Mens	on Curetta strual Aspi	ration					
Medical (Surgio	cal) Othe	er (Specify)			Medical (Surgical) Other (Specify)									
For Medical (Surgice	al) proce	dures, answer the fol	llowing question.		For Medical (	(Surgical	l) proced	lures, answ	ver the followi	ng ques	stion.			
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable Yes 🗀		a post fer	tilization age a	at least	20 weeks?			
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	is questio	on was a	nswered y	es, complete t	he follo	wing questions.			
		t opportunity to surv	ive?					opportuni	ty to survive?					
	☐ No					Yes [	_							
			regnant woman had a cor lous impairment to the pr								nan had a condition nent to the pregnant			
woman?					woman?									
Date last normal me	_	nn 04/2018	Physicia	an estimat	e of gestation (i	in weeks,	)	Post fe	ertilization age	of the	fetus (in weeks)			
How were the gestat			n age determined?		<u> </u>									
ULTRASOUND														
Full name of physici DR. MANDY GITTI		ming termination												
	-	-	mber and street, city, sta	te, and zip	code)									
8645 CONNECTIC	UT STR	EET, MERRILLVII	LLE, IN 46410											
**Data Danartad	to DCs	if Dationt undor 1	6 (month, day, year):											
DATE RECEIVE									_					
DATE KECEIVE	וצמעי	ын (month, day, j	year):						_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE				
D.C. of Co.	T	l D		T == -							
Patient's age** 37	Married ■ Yes □ No	Date of pregnancy term <b>05/23/20</b> 1		Educa	tion		ollege, No Degree				
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino				
Live Births:	Number now living	2			Numb	er now deceased	0				
Other Termination	Number of spontaneous	us terminations 1			Numb	per of induced termi	nations 0				
Dates of termination	ns (Do not include this termin	ation. If more than six (6)	), those mo	ost recent.)							
Fetus delivered alive	2	me fetus survived:		4		5	cation(s) of Pregnancy Termination				
Yes •	, ,	me retus sur vivea.				■ None	☐ Uterine Perforation				
						☐ Hemorrhag	_				
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:			_						
☐ Yes ■	NO					☐ Infection	Retained Products				
D.d. 1 . 1	. TC 1.				cify)						
Pathological examin performed?	nation If yes, results:										
☐ Yes ■	No			Did this termination of pregnancy result in a matern:  Yes No							
	l										
	Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy				
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e				
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec					
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge.				
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration				
	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify)</i>					
				For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgic	cal) procedures, answer the fo	llowing question.				•					
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization ☐ No	age at least 20 weeks?			us viabl Yes [		tilization age at least 20 weeks?				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni  No	ty to survive?				
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition				
	rocedure to avert death or ser						ath or serious impairment to the pregnant				
woman:				woman.							
Date last normal me	enses began	Physicia	ın estimate	e of gestation (i	n week	s) Post fe	ertilization age of the fetus (in weeks)				
	03/30/2018			7		, 2 350 10	5				
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?									
3=											
Full name of physic	ian performing termination										
DR. MANDY GITT		mb on and desired		anda)							
	n performing termination (nucleon in the street, MERRILLVI)	•	e, ana zip	coae)							
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-				
DATE RECEIVI	ED BY ISDH (month, day,	year):05/25/2018					_				

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNEC MERRILLVILLE, IN, 46410	TICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE					
Patient's age** Married	Date of pregnancy termi	nation	Educat	ion								
31	05/09/201						elor's Degree	<b>;</b>				
Native Hawaiian or Other Pacific Islander	Asian Black White Other	or African Amo	erican	Unl	known er now d	Not H	nic or Latino lispanic or Lati	no	Unknown			
Live Births:	1					aced termin	0					
Other Terminations: Number of spontaneou	0			Numbe	er of indi	icea termir	1					
Dates of terminations (Do not include this terminal 2008	ntion. If more than six (6),		ent.)		5.		6.					
Fetus delivered alive? If yes, length of tin								ation(s) of Pregnancy Termination				
☐ Yes ■ No			■ None						☐ Uterine Perforation			
					□ H	Iemorrhage	. 🗆 (	Cervica	l Laceration			
Fetus viable? If viable, medical r	reason for termination:				П	nfection	П	Retaine	d Products			
					Other (Spec	_						
Pathological examination If yes, results:						ouier (spec	() () ()					
performed?												
☐ Yes ■ No					Did this			result	in a maternal death?			
,				ı								
Procedure that Terminated Pregnancy		Addi	tional Pr	ocedure	that Terr	minated Pro	egnancy					
Medical (Nonsurgical) Mifepristone			Medical	(Nonsur	gical) M	lifepristone						
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			Medical	(Nonsur	gical) M	lisoprostol ther (Speci						
Medicai (Nonsurgicai) Other ( <i>spectyy</i> )			vicuicai	(INOIISUI	gicai) O	ulei (speci	(y)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						on Curettag trual Aspir						
☐ Medical (Surgical) Other (Specify)			Medical	(Surgica	al) Other	(Specify)						
For Medical (Surgical) procedures, answer the following	lowing question.	For N	For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable or have a post fertilization a  Yes No	age at least 20 weeks?	Wa		ıs viable Yes 🗀		a post ferti	lization age at	least 20	) weeks?			
If the previous question was answered yes, comple	ete the following question	ns. If the	previou	s questi	on was a	nswered ye	s, complete the	follow	ving questions.			
Was the fetus given the best opportunity to survi  ☐ Yes ☐ No	ive?	Wa		ıs given Yes		opportunit	y to survive?					
What was the basis for determination that the pro-	egnant woman had a cond	dition Wh	at was th	ne basis	for deter	mination th	at the pregnan	t woma	n had a condition			
that required the procedure to avert death or serie		egnant that	required						ent to the pregnant			
woman?		WOI	nan?									
Dota last namual groups have	TNI · ·	n oatimt- C	tot!=: /'	1	1	D C	#iliaa#:	£41- C	trus (inL.)			
Date last normal menses began 03/16/2018	Physiciai	n estimate of ges	station (i <b>5</b>	n weeks <sub>.</sub>	,	Post fer	unzation age o	of the fe	etus (in weeks)			
How were the gestational age and post fertilization	n age determined?					1						
ULTRASOUND												
Full name of physician porforming to make	Tall name of abvaision performing termination											
Full name of physician performing termination DR. MANDY GITTLER												
Address of physician performing termination (num		e, and zip code)										
8645 CONNECTICUT STREET, MERRILLVIL	LE, IN 46410											
**Date Reported to DCS, if Patient under 1	6 (month, day year)											
DATE RECEIVED BY ISDH (month, day, )												

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	TICUT STREET,	City or t		ncy termination	County of pregnancy termination LAKE					
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion						
21		Yes No	05/09/20					ollege, No Degree				
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	0 s terminations			Number of inc		nations				
Other Termination	15.		ation. If more than six (6	) those me	ost recent )	0						
1	2		3									
Fetus delivered alive		If yes, length of tin					cation(s) of Pregnanc	y Termination				
☐ Yes ■	No					☐ Uterir	ne Perforation					
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes Yes	No	ii viable, inedicai	teason for termination.				Infection	☐ Retain	ned Products			
							Other (Spe	cify)				
Pathological examin	ation	If yes, results:										
performed?	No					Did thi	s terminati	on of pregnancy resu	It in a maternal death?			
						☐ Ye			it in a maternal death:			
	Type of Termination Procedures											
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy				
Medical (Nonsu						(Nonsurgical)						
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
Medical (Surgional Control Contro	cal) Suc	ion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ıge				
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration				
	oui, oui	a (apecgy)				(Surgious) Sur	a (Speedy)					
For Medical (Surgic	-1)	4 4. C-1	1		For Medical (Surgical) procedures answer the following question							
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes \[ \] No	e a post fer	tilization age at least	20 weeks?			
If the previous quest	tion was	answered yes, compl	ete the following questio	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.			
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fet	us given the bes	t opportuni	ty to survive?				
☐ Yes [	☐ No					Yes No						
			egnant woman had a con ous impairment to the pr					hat the pregnant won ath or serious impair				
woman?	roccaure	to avert death of sen	ous impairment to the pr	egnant	woman?	a the procedure	to avert de	atii or serious impairi	nent to the pregnant			
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		12/2018 e and post fertilization	n age determined?		10			8				
ULTRASOUND		<u> </u>										
Full name of physici		rming termination										
		ning termination (num	nber and street, city, stat	te, and zip	code)							
8645 CONNECTIC	-	-		_								
**D : D	. 500	·CD										
•			6 (month, day, year):					_				
DATE RECEIVE	ED BY	SDH (month, day,	year): 05/25/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t		ncy termination		County of pregnancy termination LAKE					
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion							
20		Yes No	05/09/20	18		H		ool Diploma or GE	D				
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac☐ White ☐ Othe		an American	Unknown Number now	■ Not l	y anic or Latino Hispanic or Latino	Unknown				
Live Births:	N	umber of spontaneou	0			Number of inc		0					
Other Termination	15.		ation. If more than six (6	\ 4l- 000 at		rumber of me	iuccu terrin	1					
2016	IS ( <i>Do no</i>		3			6							
Fetus delivered alive		If yes, length of tin				y Termination							
☐ Yes ■	No					ne Perforation							
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration				
Yes Yes	No	ii viabie, medicai	reason for termination:				Infection	☐ Retair	ned Products				
							Other (Spe	cify)					
Pathological examin	ation	If yes, results:											
performed?	No				Did this termination of pregnancy result in a maternal dea								
	110								it in a maternal death?				
	Type of Termination Procedures												
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy					
Medical (Nonst						(Nonsurgical) 1							
Medical (Nonsu						(Nonsurgical) (Nonsurgical)							
Medical (Surgional Control Contro	cal) Suc	ion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	100					
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Men	strual Aspi	ration					
☐ Medical (Surgio	cai) Otn	ет (ѕресіуу)			Medical	(Surgical) Othe	х (Specify)						
For Medical (Surgic	al) proce	dures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes	e a post fer	tilization age at least	20 weeks?				
If the previous quest	tion was	answered ves. compl	ete the following question	ons.	If the previou	us guestion was a	nswered v	es, complete the follo	owing questions.				
		t opportunity to surv	0.1		1	us given the bes		, <u>ī</u>	1				
Yes [		t opportunity to surv	ive:			Yes No	оррогии	ty to survive:					
			regnant woman had a con					hat the pregnant won					
that required the programmer woman?	rocedure	to avert death or seri	ious impairment to the pr	egnant	that required woman?	d the procedure	to avert dea	ath or serious impairr	ment to the pregnant				
Date last normal me	nses beg	an	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)				
How were the gestat		09/2018	n aga datamain s 19		7			5					
ULTRASOUND	nonai age	anu post tertinzatio	n age uciemmed!										
Full name of physic		rming termination											
DR. MANDY GITTI		aing termination (nu	mber and street, city, stat	to and sin	anda)								
8645 CONNECTIO	-	-		, ини лір	couc)								
**Date Reported to DCS, if Patient under 16 (month, day, year):													
DATE RECEIVE	ED BY 1	ISDH (month, day,	year):05/25/2018				_						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNEC	City	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE						
Patient's age**	Marrie	ed	Date of pregnancy	termination	n Edu	catio	on								
27	[	Yes No	05/09	)/2018						ociate D	egree				
Race American Indian Native Hawaiian	or Othe			Black or A Other	frican American		Unk		Ethnicity Hispa Not I	anic or L	atino or Latino		Unknown		
Live Births:			0						uced termi		0				
Other Termination	ıs.	lumber of spontaneou	0	. (6) 1		I	Numbe	er or ma	ucea termi		0				
Dates of termination	is (Do no	ot include this termin 2.	ation. If more than si 3												
Fetus delivered alive	e?	If yes, length of ti								cation(s)	ation(s) of Pregnancy Termination				
☐ Yes ■	No					■ None						ne Per	foration		
F		70 : 11 1: 1	<u> </u>					□ I	Hemorrhag	e	☐ Cervi	cal La	aceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination	on:					nfection		☐ Retain	ned Pi	roducts		
					Other (Spec	cify)									
Pathological examin	ation	If yes, results:						· · · · · · · · · · · · · · · · · · ·	-957						
performed?								D:1.1.				1	11.10		
res _	NO						☐ Ye			gnancy resu	ilt in a	maternal death?			
Type of Termination Procedures															
Procedure that Term	inated F	Pregnancy			Additional	Proc	edure	that Ter	minated Pr	regnancy					
☐ Medical (Nonsu									/lifepriston						
Medical (Nonsu  Medical (Nonsu									Aisoprostol Other (Spec						
	,	. 1					,	,							
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Me	nstrual Aspiration			☐ Medic	al (S	urgica	l) Mens	strual Aspi						
Medical (Surgio	cai) Oth	er (Specify)			Medic	cai (S	urgica	1) Otne	r (Specify)						
					_	For Medical (Surgical) procedures, answer the following question.									
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medic	al (Su	urgical	) proced	lures, answ	er the fo	llowing que	stion.			
Was the fetus viab  ☐ Yes [		ve a post fertilization	age at least 20 weeks	s?			viable s $\square$		a post fert	ilization	age at least	20 we	eeks?		
If the previous quest	tion was	answered yes, compl	ete the following qu	estions.	If the previ	ious c	questio	on was a	nswered ye	es, comp	lete the follo	owing	questions.		
Was the fetus give	n the be	st opportunity to surv	ive?		Was the	fetus	given	the best	opportuni	ty to surv	vive?				
☐ Yes [	☐ No					] Ye	s $\square$	No							
		ermination that the pre-											ad a condition to the pregnant		
woman?	roccaure	to avert death of ser	ious impuniment to u	ne pregnam	woman?	nou t	ne pro	codure	o avert det	in or ser	ious impuir	inchi t	o the pregnant		
Date last normal me	-	gan /11/2018	Phy	sician estir	mate of gestation	ı (in 1	weeks)	)	Post fe	rtilizatio	n age of the	fetus	(in weeks)		
How were the gestat		e and post fertilization	n age determined?		8						6				
ULTRASOUND															
Full name of physici		orming termination													
		ming termination (num	mber and street, city,	, state, and	zip code)										
8645 CONNECTIC	UT STE	REET, MERRILLVI	LLE, IN 46410												
**D . D	4- DCC	if D													
_		s, if Patient under 1								_					
DATE RECEIVE	ED BY	ISDH (month, day,	<sub>year)</sub> : 05/25/2018	i						_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
D. C. C. C.	T	D. C	• .•	1 = -						
Patient's age** 24	Married Yes No	Date of pregnancy term <b>05/09/201</b>		Educa	tion		ociate Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		n American	☐ Un		anic or Latino Hispanic or Latino  Unknown			
Live Births:	Number now living	1			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	*		st recent.)						
Fetus delivered alive	1	me fetus survived:	4	-		5Complie	cation(s) of Pregnancy Termination			
Yes Yes	, ,	me ietus surviveu.				■ None	Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No					☐ Infection	Retained Products			
						Other (Specify)				
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No		Did this termination of pregnancy result in a maternal death?  Yes No							
	L						S			
		Туре	of Termin	ation Procedur	es					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	re-			
☐ Medical (Surgi	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ration			
Medical (Surgion	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered yo	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition			
	rocedure to avert death or ser						th or serious impairment to the pregnant			
woman:				omun:						
Date last normal me	enses began	Physicia	ın estimate	of gestation (i	n week	s) Poet fa	rtilization age of the fetus (in weeks)			
	03/07/2018		commute	8 8		1 05t 10	6			
	tional age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physic	ian performing termination									
DR. MANDY GITT	LER									
	n performing termination (nu	•	e, and zip	code)						
20.0 30.11120110	o. o.m.e., mennet	, +0+10								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_			
•	DATE RECEIVED BY ISDH (month, day, year): 06/22/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE					
	T				T						
Patient's age** 22	Marrie [	ed Yes No	Date of pregnancy term <b>05/09/20</b>		Educat	Som	ne College, No Degree				
Race American Indian Native Hawaiian			☐ Asian ☐ Blace ☐ White ☐ Other		an American		nicity Hispanic or Latino Not Hispanic or Latino				
Live Births:	N	lumber now living	0			Number now decease	eed <b>0</b>				
Other Termination	15.	lumber of spontaneou	0			Number of induced	terminations 2				
Dates of termination  1. UNKNOWN		ot include this termin 2. <b>UNKNOWN</b>	ation. If more than six (6	), those m	ost recent.)	5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:			Complication(s) of Pregnancy Termination					
☐ Yes ■	No					■ None	☐ Uterine Perforation				
Fetus viable?		If viahla madical	massan fan tammination.			☐ Hemorrhage ☐ Cervical Laceration					
Yes •	No	ii viable, medical	reason for termination:	☐ Infect	ion Retained Products						
						☐ Other	Other (Specify)				
Pathological examin	nation	If yes, results:					1 437				
performed?	No			Did this term	nination of pregnancy result in a maternal death?						
					No						
D : : =			Туро	e of Termi	nation Procedur		. 10				
Procedure that Term						ocedure that Termina	•				
Medical (Nonsi						(Nonsurgical) Mifept (Nonsurgical) Misop					
Medical (Nonsi					Medical (Nonsurgical) Misoprostor  Medical (Nonsurgical) Other (Specify)						
Medical (Surgio				Medical Medical	(Surgical) Suction C	urettage					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Menstrual (Surgical) Other (Spe					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures,	answer the following question.				
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previous	s question was answe	red yes, complete the following questions.				
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us given the best oppo	ortunity to survive?				
	_	armination that the n	regnant woman had a cor	ndition	_	_	tion that the pregnant woman had a condition				
that required the p			ious impairment to the p		that required		ert death or serious impairment to the pregnant				
woman?					woman?						
Date last normal me	nses beg	gan	Physici	an estimat	e of gestation (in	n weeks) P	ost fertilization age of the fetus (in weeks)				
	02	/15/2018			13		11				
How were the gestar	uonal ag	e and post fertilization	on age determined?								
<u> </u>											
	Full name of physician performing termination  DR. MANDY GITTLER										
		ning termination (nu	mber and street, city, sta	te, and zip	code)						
8645 CONNECTIO	UT STE	REET, MERRILLVI	LLE, IN 46410								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
_	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Pate of Pergunary termination   Picheculon   Piliph School Diploma or GED	Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	CTICUT STREET,	City or t	own, of pregna	ncy termi			County of p		ey termination  AKE				
Series   Make   Make	Patient's age**			Data of pragnancy term	ination	Educa	tion							
Autocian Indiano or Ababas Astray   Waite   Other   Chief Boarde   Waite   Other   Chief Boarde   Waite   Other From the Chief Boarde   Waite   Other From the Chief State   Other From the	_					Educa	поп	Н	igh Scho	ol Diploma	or GEI	D		
Distriction	American Indian	or Other	Pacific Islander			an American			☐ Hispa ■ Not I	anic or Latino		☐ Unknown		
District Permitted for in microbial and in the first promotion of procedures and (fi), shout most recent)	Live Births:													
Type of Termination Procedures   Miles   None   Complication(s) of Pregnancy Termination   Products   None   Utterine Perforation   Hemorrhage   Cervical Lacentation   Infection   Retained Products   Other (Specify)   Wes   No   Wishes, medical reasons for terminative:		15.		0			Number	of ind	uced termi					
Petus delivered allow?   No   If yes, length of time fetus survived:   Complication(s) of Pregnancy Testimination   Notice   Cervation   Hemorrhage   Cervation   Cervation   Hemorrhage   Cervation   Cervation   Hemorrhage   Cervation   Cervation   Cervation   Hemorrhage   Cervation   Cervat	Dates of termination	is (Do no		*				=			4			
Petus viable?	Fetus delivered alive		I			4			Compli	cation(s) of Pr	egnanc	y Termination		
Fetus viable?   Infection   Retained Products   Infection   Retained Products   Infection   Retained Products   Other (Specify)   Other	☐ Yes ■	No						■ N	None		Uterin	e Perforation		
Pathological cuanination   If yes, results:							☐ Hemorrhage ☐ Cervical Laceration							
Type of Termination Procedures   Procedure that Terminated Pregnancy result in a maternal death?   Procedure that Terminated Pregnancy   Procedure that Terminated Pregnancy   Procedure that Terminated Pregnancy   Medical (Norsangical) Midephistone   Medical (Norsangic		No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products						
Pathological examination performed   West   No										cifu)				
Did this termination of pregnancy result in a maternal death?	Pathological examin	ation	If yes, results:					Ц,	outer (Spec	-ijy)				
Type of Termination Procedures    Yes   No   No   No   No   No   No   No   N	performed?													
Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Medical	☐ Yes ■													
Procedure that Terminated Pregnancy   Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Medical														
Medical (Nonsurgical) Mis(pristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Procedures, answer the following question.   For Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   Post fertilization age of the fet				Туре	of Termin	nation Procedu	res							
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Spe	Procedure that Term	inated Pr	regnancy			Additional Pr	ocedure t	hat Ter	minated Pr	regnancy				
Medical (Konsurgical) Other (Specify)														
Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following duestion.   Medical (Surgical) Procedures, answer the following duestion.   Medical (Surgical) Procedures, answer the following duestion.   Medical (Surgical) Procedure a post fertilization age at least 20 weeks?   Procedure to such duestion.   Me														
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   9   No   No   No   No   No   No   No														
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   9   No   No   No   No   No   No   No	Medical (Survio	cal) Suct	ion Curettage			Medical	(Surgical)	) Sucti	on Curetta	ge ge				
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the post fertilization age at least 20 weeks?    Was the fetus given the best opportunity to survive?   No   No   No   No   No   No   No   N	Medical (Surgio	cal) Men	strual Aspiration				(Surgical)	) Mens	strual Aspi					
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   Yes   No     If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No     Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   11   9     How were the gestational age and post fertilization age determined?   ULTRASOUND     Full name of physician performing termination (number and street, city, state, and zip code)     Address of physician performing termination (number and street, city, state, and zip code)     **Date Reported to DCS, if Patient under 16 (month, day, year):	Medical (Surgio	cai) Othe	er (Specify)			Medicai	(Surgical)	) Otner	т (зресіју)					
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   Yes   No     If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No     Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   11   9     How were the gestational age and post fertilization age determined?   ULTRASOUND     Full name of physician performing termination (number and street, city, state, and zip code)     Address of physician performing termination (number and street, city, state, and zip code)     **Date Reported to DCS, if Patient under 16 (month, day, year):												<del>_</del>		
Yes   No   If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   Was the fetus given the best opportunity to survive?   No   No   Was the fetus given the best opportunity to survive?   No   No   Was the fetus given the best opportunity to survive?   No   No   No   No   No   No   No   N	For Medical (Surgic	al) proce	dures, answer the fo	llowing question.				•			• .			
Was the fetus given the best opportunity to survive?    Yes			e a post fertilization	age at least 20 weeks?										
Was the fetus given the best opportunity to survive?    Yes	If the previous quest	tion was a	answered yes, compl	ete the following questio	ns.	If the previou	s question	n was a	nswered ye	es, complete tl	he follo	wing questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O2/09/2018  Physician estimate of gestation (in weeks)  O2/09/2018  How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):						Was the fet	us given t	he best	opportuni	tv to survive?				
that required the procedure to avert death or serious impairment to the pregnant woman?  that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O2/09/2018  Physician estimate of gestation (in weeks)  9  How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):			11 7						11	•				
woman?  Date last normal menses began  02/09/2018  How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):														
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):	1 1	roccdure	to avert death of sen	ious impairment to the pr	egnant		a the proc	caure t	o avert dec	an or serious i	шрапп	nent to the pregnant		
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):														
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):														
How were the gestational age and post fertilization age determined?  ULTRASOUND  Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):	Date last normal me	_		Physicia	n estimate	-	n weeks)		Post fe	rtilization age		fetus (in weeks)		
Full name of physician performing termination  DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):	How were the gestat			n age determined?		11					9			
DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):	_	ULTRASOUND												
DR. MANDY GITTLER  Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):														
Address of physician performing termination (number and street, city, state, and zip code)  8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410  **Date Reported to DCS, if Patient under 16 (month, day, year):			ming termination											
**Date Reported to DCS, if Patient under 16 (month, day, year):	Address of physician	n perform	-		e, and zip	code)								
	8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410										
	**Data Panartad	to DCs	if Patient under 1	6 (month day year)										
DATE RECEIVED RV ISDH (month day year). 03/23/2010	_					_								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERI MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE							
Patient's age** Marri	ed	Date of pregnancy term	ination	Educat	tion						
31	Yes No	05/09/201					ociate Degree				
Race American Indian or Ala: Native Hawaiian or Oth		Asian Blac White Othe	k or African A	American	Unknown Number now d	■ Not I	anic or Latino Hispanic or Latino	Unknown			
Live Births:	Number of spontaneou	0			Number of ind		0 nations				
Other Terminations:  Dates of terminations (Do n	•	1	) 4h aga magt n		Number of ma	ucca termi	0				
L UNKNOWN		3		ecent.)	5		6				
Fetus delivered alive?	If yes, length of ti					Complication(s) of Pregnancy Termination					
☐ Yes ■ No					1	None	☐ Uterir	ne Perforation			
Fetus viable?	If viable medical	reason for termination:			I	Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes No	ii viable, medicai	reason for termination:				☐ Infection ☐ Retained Products					
				Other (Spec	cify)						
Pathological examination	If yes, results:										
performed?  Yes No					Did this termination of pregnancy result in a maternal death?						
					☐ Yes			it in a maternal death?			
		Туре	of Termination	on Procedur	res						
Procedure that Terminated I	Pregnancy		Ac	dditional Pr	ocedure that Ter	minated Pr	regnancy				
☐ Medical (Nonsurgical)					(Nonsurgical) N						
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)					(Nonsurgical) N (Nonsurgical) C						
	(-1-33)				( 8 ,	( <b>Y</b>	3.7				
Modical (Surgical) Su	ation Cumattage		_	l Madiaal	(Cumpical) Custi	on Cumotto					
Medical (Surgical) Suc Medical (Surgical) Me	enstrual Aspiration			Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi					
Medical (Surgical) Oth	ner ( <i>Specify</i> )			Medical	(Surgical) Other	r (Specify)					
								_			
For Medical (Surgical) proc	edures, answer the fo	llowing question.	Fo	or Medical (	(Surgical) proceed	lures, answ	er the following que	stion.			
Was the fetus viable or har ☐ Yes ■ No	ve a post fertilization	age at least 20 weeks?	7		us viable or have Yes 🔲 No	viable or have a post fertilization age at least 20 weeks? s  No					
If the previous question was	answered yes, compl	lete the following questio	ons. If	the previou	s question was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given the be ☐ Yes ☐ No	est opportunity to surv	ive?	7		us given the best Yes  \text{No}	opportuni	ty to survive?				
What was the basis for det	termination that the pr	eonant woman had a con	dition V	— What was th	— ne basis for deter	mination t	hat the pregnant won	nan had a condition			
that required the procedure			regnant t	hat required			ath or serious impair				
woman?			'	woman?							
Date last normal menses beg	gan	Dhyaisia	an estimate of	gestation /	in weeks)	Doct fo	ertilization age of the	fetus (in weeks)			
02	/15/2018		an estimate of	<b>10</b>	n weeksj	FOST 16	8 strinzation age of the	icius (in weeks)			
How were the gestational ag	ge and post fertilization	n age determined?				•					
ULTRASOUND											
Full name of physician performing termination											
DR. MANDY GITTLER											
Address of physician performance 8645 CONNECTICUT STI	-		te, and zip cod	(e)							
5075 SCHRECTICUT 311	NELT, MERRILLVI	, 114 70710									
**Date Reported to DCS	S, if Patient under 1	6 (month, day, vear):					_				
•	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or to	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE								
Patient's age** 31	Married ☐ Yes ■ No	Date of pregnancy term 05/09/201		Educa	tion		ol Diploma or GED			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		nn American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	2			Numb	per now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	*					•			
Fetus delivered alive	1	me fetus survived:	4	1		5Complic	cation(s) of Pregnancy Termination			
Yes Yes	, ,	me ietus surviveu.				■ None	Uterine Perforation			
				☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:			_	_				
☐ Yes ■	No					☐ Infection	Retained Products			
Dath desired assessing	IG 14					Other (Specify)				
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No				Did this termination  ☐ Yes ■ No	on of pregnancy result in a maternal death?				
	<b>'</b>									
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge .			
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspir al) Other (Specify)	ration			
	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify</i> )				
	cal) procedures, answer the fo					•	er the following question.			
Was the fetus viab	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
	s for determination that the p	regnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition			
	rocedure to avert death or ser						ath or serious impairment to the pregnant			
woman:				woman:						
Date last normal me	enses began	Physicia	ın estimate	of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)			
	03/04/2018			6		, Tost le	4			
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?								
Full name of physic	ian performing termination									
DR. MANDY GITT		mbay and atmost	a a J -:-	anda)						
	n performing termination (nuce the performing termination (nuce the performance the performanc	•	e, ana zip	coue)						
·										
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-			
DATE RECEIVI	ED BY ISDH (month, day,	year):05/25/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNEC MERRILLVILLE, IN, 46410	City or town, o	r town, of pregnancy termination  MERRILLVILLE  County of pregnancy term  LAKE									
Patient's age** Married	Date of pregnancy termi	ination	Educa	tion							
32	05/09/201						ciate Degree				
Native Hawaiian or Other Pacific Islander	Asian Black White Other	x or African Am	erican	Unl	known er now d	Not H	nic or Latino lispanic or Lati	no	Unknown		
Live Births: Number now niving  Other Terminetions: Number of spontaneou	1					uced termin	0				
Other refininguous.	1			Nullio	er or mu	uced termin	0				
Dates of terminations (Do not include this terminal 1, 2004	ation. If more than six (6)		ent.)		5.		6.				
Fetus delivered alive? If yes, length of time						Complic	ation(s) of Preg	nancy	Termination		
☐ Yes ■ No					■ None ☐ Uterine Perforation						
					□ I	Hemorrhage	e 🗆 (	Cervica	al Laceration		
Fetus viable? If viable, medical Yes No		Пі	nfection	П	Retaine	ed Products					
					Other (Specify)						
Pathological examination If yes, results:						ouici (spec	<i>(J y</i> )				
performed?											
☐ Yes ■ No		Did this termination of pregnancy result in a maternal death?  Yes No									
,											
	Type	of Termination	Procedu	es_							
Procedure that Terminated Pregnancy	tional Pr	ocedure	that Ter	minated Pr	egnancy						
☐ Medical (Nonsurgical) Mifepristone			Medical	(Nonsiii	rgical) N	lifepristone					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci					
Medicai (Nonsurgicai) Oniei ( <i>spectyy</i> )			Medicai	(INOIISUI	igicai) C	omer (speci	Jy)				
■ Medical (Surgical) Suction Curettage □ Medical (Surgical) Menstrual Aspiration						on Curettag strual Aspir					
Medical (Surgical) Other (Specify)			Medical	(Surgica	al) Other	r (Specify)					
For Medical (Surgical) procedures, answer the fo	llowing question.	For N	Medical (	Surgica	l) proced	lures, answ	er the following	g quest	ion.		
Was the fetus viable or have a post fertilization ☐ Yes ■ No	age at least 20 weeks?	Wa			iable or have a post fertilization age at least 20 weeks?						
If the previous question was answered yes, compl	ete the following question	ns. If the	e previou	s questi	on was a	nswered ye	s, complete the	follov	ving questions.		
Was the fetus given the best opportunity to surv ☐ Yes ☐ No	ive?	Wa		ıs given Yes		opportunit	y to survive?				
What was the basis for determination that the pr	regnant woman had a cond	dition Wh	nat was th	ne basis	for deter	mination th	at the pregnant	woma	nn had a condition		
that required the procedure to avert death or serious woman?		egnant tha							ent to the pregnant		
		₩0									
Data last normal manage hages	Dlavoi - : -	n actimate of s-	station /	n wast-	.)	Doct f-	tilization coc -	f tha f	atus (in waaka)		
Date last normal menses began 03/10/2018	Physicia	n estimate of ge	station ( <i>i</i> <b>9</b>	n weeks	)	Post Iei	tilization age o	7	cius (in weeks)		
How were the gestational age and post fertilization	n age determined?					ı					
ULIRASOUND	ULTRASOUND										
Full name of physician partorming termination	Full name of physician performing termination										
DR. MANDY GITTLER											
Address of physician performing termination (num		e, and zip code)									
8645 CONNECTICUT STREET, MERRILLVII	LLE, IN 46410										
**Date Reported to DCS, if Patient under 1	6 (month day year)										
DATE RECEIVED BY ISDH (month, day,							•				

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTI MERRILLVILLE, IN, 46410	City or town, o	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termin  LAKE								
Patient's age** Married	Date of pregnancy termi	nation	Educa	tion						
25	05/09/201	8					llege, No D	egree		
Native Hawaiian or Other Pacific Islander	Asian Black White Other	c or African Am	erican		known er now d	☐ Not H	nic or Latino lispanic or La		Unknown	
Number of spontaneous	6					uced termin	0			
Other Terminations: Number of spontaneous  Dates of terminations (Do not include this terminational)	1	th and made mad	244	rumo	or or ma		0			
0000	3		eni.) 		5			6		
Fetus delivered alive? If yes, length of time						Complica	ation(s) of Pr	egnancy	Termination	
☐ Yes ■ No					■ N	None		Uterine	e Perforation	
		□ I	Hemorrhage	. 🗆	Cervic	al Laceration				
Fetus viable? If viable, medical re		□ I	nfection		Retain	ed Products				
					П	Other (Spec	ifv)			
Pathological examination If yes, results:						(~ <i>p</i>	327			
performed?		D:14:								
i i es 📮 No		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No								
	Туре	of Termination	Procedu	es						
Procedure that Terminated Pregnancy	Addi	tional Pr	ocedure	that Ter	minated Pro	egnancy				
☐ Medical (Nonsurgical) Mifepristone			Medical	(Nonsu	rgical) M	lifepristone	•			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						Aisoprostol Other (Speci	fy)			
included (10000atglean) canter (opensy)				(1101154	<i>-</i> g. <i>-</i>	and (Speci	137			
		_	N 1: 1	(G :	1) G .:	G #				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			Medical	(Surgical	al) Mens	on Curettag strual Aspir				
Medical (Surgical) Other (Specify)			Medical	(Surgica	al) Other	r (Specify)				
For Medical (Surgical) procedures, answer the follo	owing question.	For I	Medical (	Surgica	ıl) proced	lures, answe	er the follow	ing ques	ion.	
Was the fetus viable or have a post fertilization ag ☐ Yes ■ No	ge at least 20 weeks?	Wa		fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous question was answered yes, complet	te the following question	ns. If the	e previou	s questi	on was a	nswered ye	s, complete t	he follov	ving questions.	
Was the fetus given the best opportunity to surviv  ☐ Yes ☐ No	ve?	Wa		us given Yes [		opportunity	y to survive?			
What was the basis for determination that the preg									an had a condition	
that required the procedure to avert death or serior woman?	us impairment to the pre		t required man?	d the pro	ocedure t	o avert dear	th or serious	impairm	ent to the pregnant	
		,,,,								
Date last normal menses began	Dhysician	n estimate of ge	station (i	n woobe	:)	Post fer	tilization age	of the f	etus (in weeks)	
03/08/2018		_	9			1 550 101	auton age	<b>7</b>		
How were the gestational age and post fertilization	age determined?									
ULTRASOUND										
Full name of physician performing termination										
DR. MANDY GITTLER										
Address of physician performing termination (number 1984)		e, and zip code)								
8645 CONNECTICUT STREET, MERRILLVILL	LE, IN 4041U									
**Date Reported to DCS, if Patient under 16	(month, day year)									
DATE RECEIVED BY ISDH (month, day, ye										

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t	y or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE							
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion						
28		Yes No	05/09/20					ool Diploma or GE	D			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	1 s terminations			Number of ind	uced termi	nations				
Other Termination	15.		1 ation. If more than six (6	1 41 000 111		Trumber of ma		0				
2013	2		3		,	5		6				
Fetus delivered alive		If yes, length of tin					Complication(s) of Pregnancy Termination					
☐ Yes ■	No					1	■ None ☐ Uterine Perforation					
						I	Hemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable?	No	If viable, medical	reason for termination:				nfection	☐ Retair	ned Products			
						_						
Pathological examin	ation	If yes, results:					Other (Specify)					
performed?		ii yes, resuits.										
☐ Yes ■	No			Did this ☐ Yes			It in a maternal death?					
			Туре	of Termin	nation Procedur	res						
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy				
Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsurgical) N	//////////////////////////////////////	ie				
Medical (Nonsu Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C						
		( <i>-</i> <b>r</b> <i>yy</i> )				(,	(~ <i>I</i>	337				
	1) 0					(g : 1) g ::						
	cal) Mer	strual Aspiration				(Surgical) Sucti (Surgical) Mens	strual Aspi					
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Othe	r (Specify)					
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proceed	lures, answ	ver the following que	stion.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viable or have Yes   No	viable or have a post fertilization age at least 20 weeks?					
If the previous quest	tion was	answered yes, compl	ete the following questio	ons.	If the previou	is question was a	nswered y	es, complete the follo	wing questions.			
Was the fetus give		t opportunity to surv	ive?			us given the best Yes \(\sime\) No	opportuni	ty to survive?				
	_				_	_						
			egnant woman had a con ous impairment to the pr					hat the pregnant won ath or serious impairr				
woman?					woman?							
					<u> </u>							
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		and post fertilization	n age determined?		7			5				
ULTRASOUND												
Full name of physic		rming termination										
DR. MANDY GITTI		ning termination (nu	nber and street, city, stat	te and zin	code)							
8645 CONNECTIC	-	-		, ana 41 <i>p</i>	couc <sub>j</sub>							
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):					_				
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018											

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or t	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
				Γ_						
Patient's age** 26	Married ☐ Yes ■ No	Date of pregnancy term 05/09/201		Educa	tion		elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 1			
	ns (Do not include this termin	*		ost recent.)						
1. 2012 Fetus delivered alive	1	me fetus survived:		4		5Complie	cation(s) of Pregnancy Termination			
Yes •	J,	me ietus surviveu.				■ None	Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		☐ Hemorrhag	_					
☐ Yes ■	No					☐ Infection ☐ Retained Products				
	. 70			Other (Spec	cify)					
Pathological examin performed?	ation If yes, results:									
☐ Yes ■	No		Did this termination of pregnancy result in a maternal death?  Yes No							
		Туре	of Termir	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
Medical (Surgi	cal) Suction Curettage	(Surgic	al) Suction Curetta	ge						
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
ivicultur (Burgi	car) Onici (Specify)			Wiedlean	(Buigie	an) Outer (speetgy)				
	1) 1 6	11			(G :	1\ 1	4 6 11 1			
	eal) procedures, answer the fo					_	er the following question.			
Was the fetus viab ☐ Yes ☐	le or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered yo	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition			
	rocedure to avert death or ser						ath or serious impairment to the pregnant			
woman:				woman:						
Date last normal me	enses hegan	Dhysicia	ın estimata	e of gestation (i	n wool-	g) Dogt fo	rtilization age of the fetus (in weeks)			
Date last normal me	03/09/2018	Physicia	ui estiiliäle	8 or gestation ( <i>i</i>	n week!	Post le	6			
_	tional age and post fertilization	on age determined?								
ULTRAASOUND										
Full name of physic	Full name of physician performing termination									
DR. MANDY GITT	LER									
	n performing termination (nu	•	e, and zip	code)						
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_			
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/25/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termina  LAKE					
Detient? det			D-tf		I ma					
Patient's age** 25	Married	d Yes • No	Date of pregnancy term <b>05/09/20</b>		Educat	tion	High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Other		■ White ☐ Oth		an American	Unknown	n 🔳 Not	anic or Latino Hispanic or Latino		
Other Termination	Nı Nı	umber of spontaneou	2 as terminations			Number of i	nduced term	inations		
	15.		0 ation. If more than six (0	6), those m	ost recent.)			0		
1			3			5	i.	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
	110					•	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration		
☐ Yes ■	No				Infection	☐ Retained Products				
							Other (Spe	cify)		
Pathological examin	nation	If yes, results:								
performed?	No			Did	this terminati	on of pregnancy result in a maternal death?				
			Тур	e of Termi	nation Procedur	res				
Procedure that Term	ninated Pr	regnancy			Additional Pro	ocedure that	Ferminated P	regnancy		
☐ Medical (Nonsi						(Nonsurgical) (Nonsurgical)				
Medical (Nonsi						(Nonsurgical)				
Medical (Surgional Control Contro					☐ Medical	(Surgical) Su	ction Curetta	nge		
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) M (Surgical) Ot				
	,	1 337					(1 35)			
For Medical (Surgic	na1) mma aa	dunas anguvantha fa	llovvin a gyantian		For Medical (	Cumpical) mas	andrima amar	ver the following question.		
			• •		· ·			0.1		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			is viable or ha les  \text{No}	ave a post fer	tilization age at least 20 weeks?		
If the previous ques	tion was a	answered yes, comp	lete the following question	ons.	If the previous	s question wa	s answered y	es, complete the following questions.		
Was the fetus give	en the best	t opportunity to surv	rive?		Was the fetu	ıs given the b	est opportuni	ty to survive?		
☐ Yes [	☐ No					les □ No				
			regnant woman had a co- ious impairment to the p					that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	roccaaro	to avert dealer or ser	ous impuliation to use p	105	woman?	a me procedu		and or serious impumment to the program		
					l					
Date last normal me	_		Physici	an estimat	e of gestation (ii	n weeks)	Post fo	ertilization age of the fetus (in weeks)		
How were the gestar	_	ANOWN and post fertilization	on age determined?		13			11		
ULTRASOUND										
Full name of physic	-	rming termination								
		ning termination (nu	mber and street, city, sta	te, and zip	code)					
8645 CONNECTIO	UT STR	EET, MERRILLVI	LLE, IN 46410							
_	Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	ED BY I	SDH (month, day,	year):					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					y or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE						
Patient's age**	Marrie		Date of pregnancy term	nination	Educa	tion						
27		Yes I No	05/09/20					ool Diploma or GE	D			
Race American Indian Native Hawaiian	or Other		Asian Blac White Other		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	NI.	umber of spontaneou	0			Number of inc		0 inations				
Other Terminations	3.		ation. If more than six (6	) those m	ost recent )	Trumoer or mo	adeed term	0				
1	2.		3			5		6				
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■ N	No					■	■ None ☐ Uterine Perforation					
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes • N	No	ii viable, illedicai	reason for termination.				Infection	☐ Retain	ned Products			
					Other (Spe	cify)						
Pathological examina	ation	If yes, results:										
performed?	No			Did this termination of pregnancy result in a maternal death?								
						☐ Ye			it in a maternal death:			
			Туре	of Termi	nation Procedur	res						
Procedure that Termi	inated Pr	regnancy		Additional Pr	ocedure that Te	rminated P	regnancy					
Medical (Nonsu						(Nonsurgical)						
☐ Medical (Nonsu☐ Medical (No						(Nonsurgical) (Nonsurgical)						
Medical (Surgic	al) Suct	ion Curettage			☐ Medical	(Surgical) Suc	tion Curetta	nge				
	al) Men	strual Aspiration			☐ Medical	(Surgical) Mer (Surgical) Other	strual Aspi	iration				
Wedical (Surgic	ai) Ouic	л (Бресцу)			Medicai	(Surgical) Our	ы (зресіју)					
									_			
For Medical (Surgical	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proce	gical) procedures, answer the following question.					
Was the fetus viabl		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	able or have a post fertilization age at least 20 weeks?					
If the previous questi	ion was a	answered ves, compl	ete the following question	ons.	If the previou	is question was	answered v	es, complete the follo	owing questions.			
Was the fetus giver	the bes	t opportunity to surv	ive?		Was the feti	us given the bes	st opportuni	ty to survive?				
Yes [		t opportunity to surv				Yes No	к оррогия	ey to survive.				
			regnant woman had a con					that the pregnant won				
woman?	ocedure	to avert death or seri	ous impairment to the pr	egnant	woman?	a tne procedure	to avert de	ath or serious impair	nent to the pregnant			
Date last normal mer	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)			
How were the gestati		16/2018	n age determined?		7			5				
ULTRASOUND	ional age	ana post tertilizatio	n age acternilleu!									
Full name of physicis		rming termination										
DR. MANDY GITTL		ning termination (pur	nber and street, city, stat	te, and zin	(code)							
8645 CONNECTICE	-	-		,	- ·· -/							
**Date Reported t	to DCS,	if Patient under 1	6 (month, day, year):					_				
DATE RECEIVE	D BY I	SDH (month, day,	year): 06/11/2018					_				

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MERRILLVILLE, IN, 46410	MERRILLVI	ILLE	LAKE						
	Τ								
Patient's age**  34  Married Yes No  Date of pregnancy termination 05/09/2018	Education	Bach	nelor's Degree						
Race  ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Other	<u></u>	Unknown   Not I	√ anic or Latino Hispanic or Latino						
Live Births: Number now living 1		mber now deceased	0						
Other Terminations: Number of spontaneous terminations 0		mber of induced termi	nations 0						
Dates of terminations (Do not include this termination. If more than six (6), those not include this termination. If more than six (6), those not include this termination.		5	6						
Fetus delivered alive? If yes, length of time fetus survived:			cation(s) of Pregnancy Termination						
☐ Yes ■ No		None	☐ Uterine Perforation						
		☐ Hemorrhag	e Cervical Laceration						
Fetus viable?  If viable, medical reason for termination:  Yes No		☐ Infection	☐ Retained Products						
		Other (Spec	cifv)						
Pathological examination			-927						
performed?		Did this termination of pregnancy result in a maternal death?							
165 110	Did this termination of pregnancy result in a maternal death?  Yes No								
Type of Term	nination Procedures								
Procedure that Terminated Pregnancy	Additional Procedu	ure that Terminated Pr	regnancy						
Medical (Nonsurgical) Mifepristone		surgical) Mifepriston							
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		surgical) Misoprostol surgical) Other (Spec							
Medical (Surgical) Suction Curettage	☐ Medical (Surg	gical) Suction Curetta	ge						
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	☐ Medical (Surg	gical) Menstrual Aspi							
Medical (Surgical) Suici (Specify)	I Wiediem (Surg	gicui) Guiei (specify)							
For Madical (Comical) and described to the following supplies	EM-di1/C	:1\							
For Medical (Surgical) procedures, answer the following question.			ver the following question.						
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No								
If the previous question was answered yes, complete the following questions.	If the previous que	estion was answered ye	es, complete the following questions.						
Was the fetus given the best opportunity to survive?	Was the fetus giv	ven the best opportunit	ty to survive?						
☐ Yes ☐ No	☐ Yes	□ No							
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant			hat the pregnant woman had a condition ath or serious impairment to the pregnant						
woman?	woman?	procedure to avert dec	an or serious impuniment to the pregnant						
Date last normal menses began Physician estima 03/10/2018	ate of gestation (in wee	Post fe	ertilization age of the fetus (in weeks)  5						
How were the gestational age and post fertilization age determined?	•		<u> </u>						
ULTRASOUND									
Full name of physician performing termination  DR. MANDY GITTLER									
Address of physician performing termination (number and street, city, state, and zi	ip code)								
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410									
**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRI MERRILLVILLE, IN, 46410	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE				
Patient's age** Married	d	Date of pregnancy term	ination	Educa	tion						
21	Yes No	05/09/20						llege, No Deg	ree		
Race American Indian or Alasl Native Hawaiian or Othe		Asian Blac White Othe	k or African A	American		known er now d	Not H	nic or Latino lispanic or Latin	.0	☐ Unknown	
Live Births:		0		Number of induced terminations							
Other Terminations.	umber of spontaneou	0			Nullio	er or ma	uced termin	0			
Dates of terminations (Do no		ation. If more than six (6)		recent.)		5.		6.			
Fetus delivered alive?	If yes, length of ti						Complic	ation(s) of Pregr	nancy	Termination	
☐ Yes ■ No						■ N	None	☐ U	terine	Perforation	
						□ I	Hemorrhage	e 🗆 C	ervica	l Laceration	
Fetus viable?  ☐ Yes ■ No	If viable, medical				П	nfection	□R	etaine	d Products		
							Other (Spec	_			
Pathological examination	If yes, results:						ouici (spec	ijy)			
performed?	11 9 05, 10 5 011.5										
☐ Yes ■ No					Did this			result	in a maternal death?		
	•										
Type of Termination Procedures											
Procedure that Terminated Pr	regnancy		A	dditional Pı	ocedure	that Ter	minated Pr	egnancy	_		
☐ Medical (Nonsurgical) 1	Mifenristone		1 Medical	(Nonsu	rgical) N	lifepristone					
Medical (Nonsurgical) I Medical (Nonsurgical)	Misoprostol			Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci				
	Other (Specify)		-	Medical	(1vonsu	igicai) C	mei (speci	<i>Jy)</i>			
Medical (Surgical) Suct Medical (Surgical) Men				] Medical	(Surgic	al) Mens	on Curettag strual Aspir				
Medical (Surgical) Other	er (Specify)			] Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical) proce	dures, answer the fo	lowing question.	Fo	or Medical	Surgica	ıl) proced	lures, answ	er the following	quest	ion.	
Was the fetus viable or have ☐ Yes ■ No	e a post fertilization	age at least 20 weeks?	,		us viabl Yes [		a post ferti	lization age at le	east 20	) weeks?	
If the previous question was a	answered yes, compl	ete the following question	ns. If	the previou	s questi	on was a	nswered ye	s, complete the	follow	ving questions.	
Was the fetus given the bes ☐ Yes ☐ No	t opportunity to surv	ive?	,		us given Yes [		opportunit	y to survive?			
What was the basis for dete	rmination that the pr	regnant woman had a con	dition	What was t	ne basis	for deter	mination th	at the pregnant	woma	n had a condition	
that required the procedure woman?			regnant							ent to the pregnant	
woman:				woman !							
Doto lo-t 1				mant=1* 1	· · · · · · ·	-1	D / C	williage!-	41- 0	strug (int.)	
Date last normal menses bega	an <b>09/2018</b>	Physicia	nn estimate of	gestation (a	n weeks	9	Post fer	tilization age of	the fe	cius ( <i>in weeks)</i>	
How were the gestational age	e and post fertilization	n age determined?					ı				
ULTRASOUND											
Full name of above:	Full name of physician performing termination										
DR. MANDY GITTLER	iming termination										
Address of physician perform	-		e, and zip coa	le)							
8645 CONNECTICUT STR	LET, MERRILLVI	LLE, IN 46410									
**Date Reported to DCS,	if Patient under 1	6 (month day year)									
DATE RECEIVED BY I											

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE					
Dations 2	T	D-4f	:·	I m i						
Patient's age** 30	Married ☐ Yes ■ No	Date of pregnancy term 05/09/201		Educa	tion		elor's Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		n American	☐ Un		nnic or Latino Hispanic or Latino  Unknown			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneous:	us terminations			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	*		st recent.)			-			
1	1	3	4	l		5Complie	eation(s) of Pregnancy Termination			
Fetus delivered alive	, ,	me fetus survived:				None None	_			
							Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Spec	cify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No					Did this termination	on of pregnancy result in a maternal death?			
	1									
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
Medical (Surgi	cal) Suction Curettage				(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspir al) Other (Specify)	ration			
iviedicai (Surgi	cai) Other ( <i>specify</i> )			Wiedicai	(Surgic	ai) Oulei (specify)				
	cal) procedures, answer the fo				_	_	er the following question.			
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?			ıs viabl Tes [		ilization age at least 20 weeks?			
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			ıs giver Yes [	the best opportunit	ry to survive?			
	s for determination that the p	ragnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
Data 1t 1		- I Di		of as-t-t'	1		utilization and of the feture (; 1)			
Date last normal me	02/14/2018	Physicia	ui estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  10			
	tional age and post fertilization	on age determined?				<b>,</b>				
ULTRSOUND										
Full name of physic	ian performing termination						1			
DR. MANDY GITT	LER									
	n performing termination (nu	•	e, and zip	code)	_					
JUTU GOININECTIC	OT OTREET, WERRILLVI	, +0+10								
**Date Reported	to DCS, if Patient under	6 (month, day, year):	·				_			
DATE RECEIVI	ED BY ISDH (month, day,	year):05/25/2018					_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE					
Patient's age**	Marri	ed	Date of pregnancy ter	mination	Educa	tion					
22	- Train	Yes No	05/09/2						llege, No Degre	ee	
Race American Indian Native Hawaiian	or Oth		Asian Bla White Otl		can American		ıknown ber now d	■ Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	,	Number of spontaneou	0					uced termir	0 nations		
Other Termination	15.	•	ation. If more than six (	(6) 4h aga m		rum	oci oi ilid	ucca terrini	1		
1. <b>2017</b>	IS ( <i>Do n</i>		3				5		6		
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregna	ncy Termination	
☐ Yes ■	No						■ N	None	☐ Ute	rine Perforation	
F		TC : 11 1: 1	· · · · ·				☐ F	Hemorrhage	e 🔲 Cer	vical Laceration	
Fetus viable?  Yes	If viable, medical				□ I	nfection	☐ Ret	ained Products			
							П	Other (Spec	rify)		
Pathological examin	ation	If yes, results:					_	` 1	327		
performed?	No					D: 1 41-1			sult in a maternal death?		
103	110					Yes			suit in a maternal death?		
			Туј	e of Term	ination Procedu	res					
Procedure that Term	inated	Pregnancy			Additional Pr	ocedur	e that Ter	minated Pr	egnancy		
Medical (Nonsu								//////////////////////////////////////			
Medical (Nonsu Medical (Nonsu		Misoprostol Other (Specify)						Aisoprostol Other (Speci			
Medical (Surgio	rı <b>2</b> (lee	ction Curettage			☐ Medical	(Surgic	eal) Sucti	on Curettag	ne .		
☐ Medical (Surgio	cal) Me	enstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cal) Ot	her (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		ve a post fertilization	age at least 20 weeks?			us viabl Yes [		a post ferti	ilization age at lea	st 20 weeks?	
If the previous quest	tion wa	s answered yes, compl	lete the following quest	ions.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	llowing questions.	
Was the fetus give ☐ Yes ☐		est opportunity to surv	rive?			us give Yes   [		opportunit	y to survive?		
				1141		_				1 1 12	
that required the pr			regnant woman had a co ious impairment to the		that require					oman had a condition irment to the pregnant	
woman?					woman?						
			Ι					1			
Date last normal me		gan 8/09/2018	Physic	an estima	te of gestation (a	n week.	s)	Post fer	_	he fetus (in weeks)	
_	tional a	ge and post fertilization	on age determined?					1			
ULTRASOUND											
Full name of 1	ion '	Committee of the control of the cont									
Full name of physicion DR. MANDY GITTI		orining termination									
	-	-	mber and street, city, st	ate, and zij	o code)						
8645 CONNECTIC	UT ST	REET, MERRILLVI	LLE, IN 46410								
**Data Raported	to DC	S if Patient under 1	6 (month, day, year): _								
_		ISDH (month, day,							-		
DATE RECEIVE	א מגי	ISDH (month, day,	year):						_		

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						ancy termination		County of pregnancy termination LAKE			
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
29		Yes No	05/09/20	18		ŀ		ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blace White Other		can American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	1 s terminations			Number of inc		0 inations			
Other Termination	13.		ation. If more than six (6	() those m	ost recent )	T value of the		2			
1. <b>2015</b>			3	**	,	5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					•	None	☐ Uterin	ne Perforation		
Fetus viable?		If wishle medical	reason for termination:			Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes Yes	No	ii viable, illedical	reason for termination.				Infection	☐ Retain	ned Products		
				Other (Spe	cify)						
Pathological examin	nation	If yes, results:									
performed?	No			Did thi	s torminati	on of prognancy rosu	It in a maternal death?				
	110				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
			Туре	e of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
Medical (Nonst						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suct	ion Curetts	noe			
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Men	strual Aspi	iration			
☐ Medical (Surgio	cai) Oth	er ( <i>Specify)</i>			Medical	(Surgical) Othe	г (зресцу)				
									_		
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes  No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	is question was a	answered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
☐ Yes [	☐ No					Yes No					
			regnant woman had a contous impairment to the party					that the pregnant won			
woman?	100000010	to avert deals of ser	ous impuirment to the p	. • 6	woman?	a are procedure	io avert de	ani or serious impuni	nom to the pregnant		
					1						
Date last normal me	_		Physici	an estimat	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)		
How were the gestat		14/2018  e and post fertilizatio	n age determined?		8			6			
ULTRASOUND		<u>-</u>	- 			_					
Full name of physics		rming termination									
		ning termination (num	nber and street, city, sta	te, and zip	code)						
8645 CONNECTIO	UT STR	EET, MERRILLVII	LLE, IN 46410								
		147									
•			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/25/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or town, o	of pregnan	•		County of pregnancy termination LAKE		
Patient's age** Married Date of pregnancy term	nination	Educati	on				
38 ☐ Yes ■ No 05/09/20	18				ollege, No Degree		
Native Hawaiian or Other Pacific Islander ■ White □ Othe	ck or African Ame		Unknown Number now de	Not I	anic or Latino Hispanic or Latino Unknown		
Number of greateneous terminations			Number of indu	iced termi	nations		
Other Terminations: Number of spontaneous terminations 2  Dates of terminations (Do not include this termination. If more than six (6)	(i) those most rece	ent )			1		
1. 2012 2. 2013 3. 1995	4		5		6		
Fetus delivered alive? If yes, length of time fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ No		■ None ☐ Uterine Perforation					
Fetus viable? If viable, medical reason for termination:			— П	Iemorrhag	e Cervical Laceration		
Yes No			☐ It	nfection	☐ Retained Products		
			Other (Spec	cify)			
Pathological examination							
performed?  Yes No			Did this	termination	on of pregnancy result in a maternal death		
		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
Туро	e of Termination	Procedure	es				
Procedure that Terminated Pregnancy	Addi	tional Pro	cedure that Terr	minated Pr	regnancy		
Medical (Nonsurgical) Mifepristone			Nonsurgical) M				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			Nonsurgical) M Nonsurgical) O				
Medical (Surgical) Suction Curettage		Medical (	Surgical) Suction	on Curetta	ge .		
☐ Medical (Surgical) Menstrual Aspiration		Medical (S	Surgical) Mens	trual Aspi			
Medical (Surgical) Other (Specify)		Medicai (;	Surgical) Other	(ѕресіју)			
For Medical (Surgical) procedures, answer the following question.	For M	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No	Wa		s viable or have es   \text{No}	a post fert	tilization age at least 20 weeks?		
If the previous question was answered yes, complete the following question	ons. If the	e previous	question was ar	nswered ye	es, complete the following questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No	Wa		s given the best	opportuni	ty to survive?		
	17.7	_	_		1.41 4 11 12		
What was the basis for determination that the pregnant woman had a contact that required the procedure to avert death or serious impairment to the p	regnant that	t required			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	Woi	man?					
			7 \	ln -			
Date last normal menses began Physici 03/19/2018	an estimate of ges	station (in <b>8</b>	weeks)	Post fe	ertilization age of the fetus (in weeks)  6		
How were the gestational age and post fertilization age determined?				1			
ULTRASOUND							
Full name of physician performing termination							
DR. MANDY GITTLER							
Address of physician performing termination (number and street, city, sta	te, and zip code)						
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410							
**Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day, year): 05/25/2018					=		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MER MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or tow		ncy termination		County of pregnancy termination LAKE			
Patient's age** Marri	ied	Date of pregnancy term	ination	Educat	tion					
- Main	Yes No	05/09/201					ool Diploma or GE	D		
Race American Indian or Ala Native Hawaiian or Oth		Asian Blac White Othe	k or African A	American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number of spontaneou	0 s terminations			Number of ind	uced termi	nations			
Other Terminations:  Dates of terminations (Do n	•	0	those most	racent)			2			
		3			5		6			
Fetus delivered alive?	If yes, length of ti	ne fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					1	None	☐ Uterin	ne Perforation		
Fetus viable?	If vishle medical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes No	ii viable, illedicai	reason for termination.				☐ Infection ☐ Retained Products				
			Other (Spec	cify)						
Pathological examination	If yes, results:									
performed?  Yes No					D:14:			14:		
l les l No				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
		Туре	of Terminati	on Procedur	res					
Procedure that Terminated I	Pregnancy		dditional Pr	ocedure that Ter	minated P	regnancy				
☐ Medical (Nonsurgical)	Mifepristone			7 Medical	(Nonsurgical) N	//////////////////////////////////////	ie			
Medical (Nonsurgical) Medical (Nonsurgical)	Misoprostol			Medical	(Nonsurgical) N	/lisoprosto	1			
Medical (Nonsurgical)	Other (Speedy)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Sud Medical (Surgical) Me	enstrual Aspiration			Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi				
Medical (Surgical) Oth	her (Specify)			Medical	(Surgical) Othe	r (Specify)				
For Medical (Surgical) proc	cedures, answer the fo	lowing question.	F	or Medical (	(Surgical) proceed	lures, answ	ver the following ques	stion.		
Was the fetus viable or ha ☐ Yes ■ No	we a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	s answered yes, compl	ete the following questio	ns. If	the previou	s question was a	nswered y	es, complete the follo	wing questions.		
Was the fetus given the be ☐ Yes ☐ No	est opportunity to surv	ive?			us given the best Yes  \text{No}	opportuni	ty to survive?			
What was the basis for det	termination that the pr	regnant woman had a con	dition	What was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition		
that required the procedure woman?			egnant				ath or serious impairs			
Woman:				oman:						
Data last normal manage 1-	gan	Discontinui	un actimoto -4	gastation /	in weeks)	Dogt f	urtilization ago of the	fatus (in waaka)		
Date last normal menses be	gan 2/28/2018	Physicia	n estimate of	gestation (ii	n weeks)	Post fe	ertilization age of the <b>8</b>	ieius ( <i>in weeks)</i>		
How were the gestational ag	ge and post fertilization	n age determined?				1				
ULTRASOUND										
Full name of about 1	Full name of physician performing termination									
DR. MANDY GITTLER	orning termination									
Address of physician perfor	-		e, and zip coe	de)						
8645 CONNECTICUT ST	KEET, MERRILLVI	LLE, IN 46410								
**Date Reported to DCS	S, if Patient under 1	6 (month. dav. vear):								
DATE RECEIVED BY							_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					town, of pregna	ncy terminatio	n	County of pregnancy termination LAKE		
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion				
17		Yes No	05/09/20	18				th, No Diploma		
Race American Indiar Native Hawaiiar	or Othe		☐ Asian ☐ Blac☐ White ☐ Othe		an American	Unknown	■ Not	y vanic or Latino Hispanic or Latino	Unknown	
Live Births:			1			Number of in		0		
Other Termination	15.	umber of spontaneou	0	\ .I		Number of it	iduced term	0		
Dates of termination	is ( <i>Do no</i>		ation. If more than six (6			5.		6		
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No					•	None	☐ Uterir	ne Perforation	
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Yes Yes	No	ii viable, medicai	reason for termination:			Infection	☐ Retain	ned Products		
						Other (Specify)				
Pathological examin	ation	If yes, results:								
performed?	No				Did tl	nis terminati	on of pregnancy resu	It in a maternal death?		
									it in a maternal death:	
			Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that T	erminated P	regnancy		
Medical (Nonst						(Nonsurgical)				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)				
Medical (Surgional Control Contro	cal) Suct	ion Curettage			☐ Medical	(Surgical) Suc	ction Curetta	nge		
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Me (Surgical) Oth	nstrual Asp	iration		
	oui, oui.	a (apecgy)				(Surgicul) Su	ior (speedy))			
For Medical (Surgic	.al) mma aa	dynas angryon tha fal	Howing question		For Medical (	(Cumainal) mmaa	adves oner	van the fellowing ave	<del>sti</del> on	
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or ha Yes  \text{No}	ve a post fer	tilization age at least	20 weeks?	
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	is question was	answered y	es, complete the follo	wing questions.	
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fet	us given the be	st opportuni	ity to survive?		
☐ Yes [						Yes No	11	•		
			regnant woman had a con lous impairment to the pr					that the pregnant won ath or serious impairr		
woman?	roccaure	to avert death of sen	ious impuniment to the pr	cgnant	woman?	a the procedure	o to uvert de	an or serious impair	none to the pregnant	
					l					
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)	
How were the gestat		25/2018 e and post fertilization	n age determined?		11			9		
ULTRASOUND										
Full name of physics  DR. MANDY GITTI		rming termination		_						
		ning termination (num	mber and street, city, stat	te, and zip	code)					
8645 CONNECTIC	UT STR	EET, MERRILLVII	LLE, IN 46410							
**Data D 1	to DCC	if Dationt 1 1	6 (month 1							
•			6 (month, day, year):					_		
DATE RECEIVE	ED BY I	SDH (month, day,	year): U5/25/2018					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Adplanned Parenthood of MERRILLVILLE, IN, 46410		LLVILLE - 8645 CONNEC	CTICUT STREET,	City or t		nncy termination	County of pregnancy termination LAKE			
Patient's age**	Marrie	1	Date of pregnancy term	ination	Educa	tion				
23		Yes No	05/09/20	18				ollege, No Degree		
Race American Indian Native Hawaiian	or Other		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	Ni	ımber of spontaneou	1 s terminations			Number of in		0 inations		
Other Terminations	••	•	ation. If more than six (6	) those m	ost recent )	Trumoer or m		0		
1	2.		3			5		6		
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination	
Yes N	NO				■ None ☐ Uterine Perforation					
Fetus viable?		If viable, medical	reason for termination:			Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes N	lo	ii viaole, inedicar	reason for termination.				Infection	☐ Retain	ned Products	
					Other (Spe	cify)				
Pathological examina	ntion	If yes, results:								
performed?	No				Did th	is terminati	on of pregnancy resu	It in a maternal death?		
						□ Y			n in a maternar death.	
Type of Termination Procedures										
Procedure that Termin	nated Pr	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy		
Medical (Nonsur						(Nonsurgical)				
☐ Medical (Nonsur ☐ Medical (Nonsur						(Nonsurgical) (Nonsurgical)				
Medical (Surgical)	al) Suct	ion Curettage			☐ Medical	(Surgical) Suc	tion Curetta	nge		
Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical	al) Men	strual Aspiration			☐ Medical	(Surgical) Mer (Surgical) Oth	nstrual Aspi	iration		
iviedicai (Surgica	ai) Ouic	а (Бресцу)			Medicai	(Surgical) Our	ы (зресцу)			
For Medical (Surgical	l) proce	dures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable  ☐ Yes ■		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?	
If the previous question	on was a	answered ves. compl	ete the following question	ons.	If the previou	is question was	answered v	es, complete the follo	owing questions.	
Was the fetus given					1	us given the be	,	, I	& 1	
Yes Yes		t opportunity to surv	ive:			Yes No	к оррогин	ty to survive:		
			egnant woman had a con					that the pregnant won		
woman?	ocedure	to avert death or seri	ous impairment to the pr	egnant	woman?	d the procedure	to avert de	ath or serious impairs	nent to the pregnant	
Date last normal men	ises bega	n	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)	
How were the act of		08/2018	n aga datamains 10		10			8		
How were the gestation	onai age	anu post tertilizatio	n age uetermined?							
Full name of physicia		ming termination								
DR. MANDY GITTL		ing termination (no	nber and street, city, stat	te and sin	code)					
8645 CONNECTICU	-	-		., anu Lip						
**Date Reported to	o DCS,	if Patient under 1	6 (month, day, year):					_		
DATE RECEIVE	D BY I	SDH (month, day,	year): 05/25/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					own, of pregna	ncy termination	County of pregnancy termination LAKE			
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion				
18		Yes No	05/09/20	18				2th, No Diploma		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown	■ Not	y panic or Latino Hispanic or Latino	Unknown	
Live Births:			1			Number of in		0		
Other Termination	15.	umber of spontaneou	0	\ .I		Number of fi	iduced term	0		
Dates of termination	is ( <i>Do no</i>		ation. If more than six (6			5.		6		
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perforation					
Fatus viable?		If viable medical	waasan fan tammination.				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes	No	ii viabie, medicai	reason for termination:				Infection	☐ Retain	ned Products	
						Other (Spe	cify)			
Pathological examin	ation	If yes, results:								
performed?	No				Didt	his tarminati	ion of prognancy resu	It in a maternal death?		
	110								it in a maternal death?	
			Туре	of Termin	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that T	erminated P	regnancy		
Medical (Nonst						(Nonsurgical)				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)				
■ Medical (Surgio	cal) Suct	ion Curettage			☐ Medical	(Surgical) Su	ction Curetta	age		
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Me (Surgical) Otl	nstrual Asp	iration		
ivicultar (Surgio	car) Our	л (Бресіју)			Wiedicar	(Surgical) Ou	ici (specijy)	,		
									<del>_</del>	
For Medical (Surgic	_				For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab  Yes		e a post fertilization	age at least 20 weeks?			us viable or ha Yes 🔲 No	ve a post fer	tilization age at least	20 weeks?	
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	ves, complete the follo	owing questions.	
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fet	us given the be	est opportuni	ity to survive?		
☐ Yes [						Yes No	FF	,		
			egnant woman had a con ous impairment to the pr					that the pregnant won ath or serious impairs		
woman?	rocedure	to avert death of sen	ous impairment to the pr	egnam	woman?	d the procedure	e to avert de	aui of serious impairi	nent to the pregnant	
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)	
How were the gestat		18/2018 e and post fertilization	n age determined?		12			10		
ULTRASOUND		T	<i>6</i>							
							<del></del>			
Full name of physics  DR. MANDY GITTI		rming termination								
		ning termination (num	nber and street, city, stat	te, and zip	code)					
8645 CONNECTIC	-	-		•						
		100								
-			6 (month, day, year):					_		
DATE RECEIVE	ED BY I	SDH (month, day,	<i>year</i> ): 05/25/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or t	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE				
Patient's age**	Marri	ed	Date of pregnancy term	nination	Educa	tion					
30		Yes No	05/09/20	18					llege, No Deg	jree	
Race American Indian Native Hawaiian	or Oth		Asian Blac White Oth		an American		ıknown ber now d	Not H	nic or Latino lispanic or Latin	10	□ Unknown
Live Births:		Number of spontaneou	1					uced termin	0 nations		
Other Termination	15.	•	1 ation. If more than six (6	S) 4h aga m	224 422244 )	rum	oci oi iliu	uccu terriiri	0		
1. <b>2009</b>			3		4		5		6		
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregr	nancy	Termination
Yes •	No						<b>1</b>	None	□ U	Jterine	Perforation
F		TC : 11 1: 1					☐ I	Hemorrhage	e 🗆 C	Cervic	al Laceration
Fetus viable?  Yes	No	If viable, medical				I	nfection	☐ R	Retaine	ed Products	
								Other (Spec	ifv)		
Pathological examin	ation	If yes, results:					_	` 1			
performed?	No				D:141:		6	14	in a maternal death?		
	110						Yes			resun	in a maternal death?
Type of Termination Procedures											
Procedure that Term	inated I	Pregnancy			Additional Pr	ocedur	e that Ter	minated Pro	egnancy		
Medical (Nonsu								//////////////////////////////////////	÷		
Medical (Nonsu Medical (Nonsu								Misoprostol Other (Speci	fy)		
									•		
Medical (Surgio	cal) Su	ction Curettage			☐ Medical	(Surgic	·al) Sucti	on Curettag	TA .		
Medical (Surgio	cal) Me	enstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cal) Oth	ner ( <i>Specify</i> )			Medical	(Surgic	(al) Othe	r (Specify)			
											_
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?			us viabl Yes [		a post ferti	lization age at l	least 2	0 weeks?
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	ıs quest	ion was a	nswered ye	s, complete the	follov	ving questions.
Was the fetus give		est opportunity to surv	ive?			us givei Yes - F		opportunit	y to survive?		
	_			1:4:	_	_			4 4 1 4		1
that required the pr			regnant woman had a contous impairment to the p		that require						an had a condition ent to the pregnant
woman?					woman?						
			Γ					T = -			
Date last normal me		gan <b>/14/2008</b>	Physici	an estimate	e of gestation (a	n week.	s)	Post fer	tilization age of	f the f	etus (in weeks)
_	tional ag	ge and post fertilization	n age determined?					1			
ULTRASOUND											
Full name of physici	ian nort	orming tarmination									
DR. MANDY GITTI		лишу шипаноп									
	-	-	mber and street, city, sta	te, and zip	code)						
8645 CONNECTIC	ur ST	KEEI, MERRILLVI	LLE, IN 46410								
**Data Panartad	to DC	C if Patient under 1	6 (month, day, year): _								
_				•							
DATE RECEIVE	ED BY	<b>ISDH</b> (month, day,	year): 30,20,20,10								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	ncy terminat	ion	County of pregnancy termination LAKE				
D / 1			D. C.	• .•	1 = -	.•					
Patient's age** 25	Marrie [	ed Yes No	Date of pregnancy term 05/09/20		Educat	tion		ool Diploma or GED			
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian Black Oth		an American	Unknow	vn 🔳 Not l	y anic or Latino Hispanic or Latino			
Live Births:		lumber now living	1				ow deceased	0			
Other Termination	15.	fumber of spontaneou	0			Number of	induced termi	nations 0			
Dates of termination			ation. If more than six (6								
Fetus delivered alive		1	me fetus survived:		4		Complie	cation(s) of Pregnancy Termination			
Yes •		in yes, length of th	me retus sur viveu.				None	☐ Uterine Perforation			
							- -	_			
Fetus viable?		If viable, medical	reason for termination:								
☐ Yes ■	No					Infection	Retained Products				
							Other (Spec	cify)			
Pathological examin performed?	nation	If yes, results:									
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death.  Yes No						
		1			•						
			Тур	nation Procedur	res						
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that	Terminated P	regnancy			
Medical (Nons							l) Mifepriston				
Medical (Nonsi							<ol> <li>Misoprosto</li> <li>Other (Spec</li> </ol>				
_ `	υ,	1 337									
	1) 0					(G : 1) G					
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) M	luction Curetta Menstrual Aspi	ge ration			
Medical (Surgi	cal) Oth	er (Specify)			☐ Medical	(Surgical) C	Other (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?			us viable or h		tilization age at least 20 weeks?			
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question w	as answered y	es, complete the following questions.			
		st opportunity to surv	vive?				best opportuni	ty to survive?			
☐ Yes [	_				_	les □ No					
			regnant woman had a co- ious impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			•		woman?	-					
					I						
Date last normal me	_		Physici	an estimat	e of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		e and post fertilization	on age determined?		12			10			
ULTRASOUND	••6	T	.6:								
Full name of physic	•	orming termination									
Address of physicia		ning termination (mu	mber and street, city, sta	ite and zin	(code)						
8645 CONNECTION	-	•	•	, unu Lip							
<u>,                                      </u>											
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVI	ED BY	ISDH (month, day,	year):05/25/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					town, of pregna	ncy termination	County of pregnancy termination LAKE				
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
20		Yes No	05/09/20	18				ollege, No Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			0			Number of in		0			
Other Termination	3.	umber of spontaneou	0	) d		Number of in	duced term	0			
Dates of termination	s ( <i>Do no</i> 		ation. If more than six (6			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No				■ None ☐ Uterine Perforation						
7		<b>70.11.11.11</b>					Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:			Infection	☐ Retair	ned Products			
						☐ Other (Specify)					
Pathological examin	ation	If yes, results:									
performed?											
☐ Yes ■	NO				Did this termination of pregnancy result in a maternal death?  Yes No						
Type of Termination Procedures											
Procedure that Term	inated Pr	regnancy			Additional Pr	rocedure that Te	erminated P	regnancy			
■ Medical (Nonsu						(Nonsurgical)					
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
	,	(- <u>F</u> 35)				( 8 )	(-1	. 357			
Modical (Surgic	nal) Suat	ion Curattaga			☐ Madical	(Surgical) Suc	tion Curatte	nga.			
	cal) Men	strual Aspiration			☐ Medical	(Surgical) Suc (Surgical) Me	nstrual Aspi	iration			
Medical (Surgio	cal) Othe	er (Specify)			☐ Medical	(Surgical) Oth	er (Specify)				
									_		
For Medical (Surgical	al) proce	dures, answer the fo	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable Yes		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		t opportunity to surv	ive?			us given the be	st opportuni	ty to survive?			
	_	rmination that the n	egnant woman had a cor	ndition	_	_	ermination t	that the pregnant won	nan had a condition		
that required the pr			ous impairment to the pr		that require			ath or serious impair			
woman?					woman?						
Data last 1	nggg 1-		- Tol	on coti :	a of cost-ti	in weaks)	D- + C	netilization C.1	fotus (iz L-)		
Date last normal men	_	an 1 <b>4/2018</b>	Physicia	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the	icius ( <i>in weeks)</i>		
How were the gestat	ional age	and post fertilization	n age determined?								
ULTRASOUND											
Full name of physici	Full name of physician performing termination										
DR. MANDY GITTL	_ER	_									
Address of physician 8645 CONNECTIC	-	-	nber and street, city, star	te, and zip	code)						
33-3 COMMECTIC	5. 51K	, willingthe VI	, +0+10								
**Date Reported	to DCS,	if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY I	SDH (month. dav.	year):05/25/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or town,	of pregnand	cy termination APOLIS		County of pregnancy termination  MARION			
			<u> </u>							
Patient's age** 34	Married ■ Yes □ No	Date of pregnancy term <b>05/25/201</b>		Education		Schoo	ol Diploma or GED			
Race American Indian					E	thnicity	•			
	or Other Pacific Islander	Asian Black White Othe	k or African Ar er		Unknown	Not H	nic or Latino			
Live Births:	Number now living	3			Number now dece		0			
Other Termination		3	) . I		Number of induce	d termin	ations 0			
2004	ns (Do not include this termin	nation. If more than six (6)	), those most red 4	cent.)	5		6			
Fetus delivered alive	• • •	ime fetus survived:			C	Complica	ation(s) of Pregnancy Termination			
☐ Yes ■	No				■ Non	e	☐ Uterine Perforation			
Fetus viable?	If viable, medical	reason for termination:			Hem	orrhage	☐ Cervical Laceration			
☐ Yes ■	No				☐ Infe	ction	☐ Retained Products			
					☐ Othe	er (Speci	fy)			
Pathological examin performed?	nation If yes, results:									
■ Yes □	No CHORIONIC VII	LAE, GESTATIONAL	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No							
Type of Termination Procedures  Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Procedure that Term	ninated Pregnancy		Add	ditional Pro	cedure that Termin	nated Pre	egnancy			
	urgical) Mifepristone urgical) Misoprostol				Nonsurgical) Mife Nonsurgical) Miso					
Medical (Nonsu	urgical) Other (Specify)			Medical (1	Nonsurgical) Othe	r (Specij	fy)			
☐ Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration			Medical (S	Surgical) Suction ( Surgical) Menstru	al Aspira				
Medical (Surgio	cal) Other (Specify)			Medical (S	Surgical) Other (Sp	pecify)				
, ,	eal) procedures, answer the fo	0 1		r Medical (Surgical) procedures, answer the following question.						
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	elete the following question	ns. If th	ne previous	question was answ	vered ye	s, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	W	as the fetus	s given the best opposes  \text{No}	portunity	to survive?			
	s for determination that the p	ragnant woman had a con	dition W			nation th	at the pregnant woman had a condition			
	rocedure to avert death or se		regnant th				h or serious impairment to the pregnant			
Sinuii:										
Date last normal me	enses began	Physicia	an estimate of g	estation (in	weeks)	Post fer	tilization age of the fetus (in weeks)			
How were the gestat	03/30/2018 tional age and post fertilizati	on age determined?		7			5			
_	(AMINATION, PELVIC E)	-								
Full name of physici	ian performing termination  GLAZER									
Address of physician	n performing termination (nu		e, and zip code	)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS, if Patient under	16 (month, day, year):								
-	ED RV ISDH (month day									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

THE WOMEN'S MED CEN	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					mination .IS	County of pregnancy termination MARION		
Patient's age**		Date of pregnancy term	nination	Educa	tion				
25	Married ☐ Yes ■ No	05/25/20		Educa	uon	Some C	ollege, No Degree		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ☐ White ☐ Othe		nn American			y anic or Latino Hispanic or Latino		
Live Births:	Number of spontages	2				per of induced term	0 inations		
Other Termination		0			Nullic	ber of mudeed term	0		
Dates of termination	ns (Do not include this termin	ation. If more than six (6 <sub>)</sub>				5	6		
Fetus delivered alive		me fetus survived:		h			cation(s) of Pregnancy Termination		
☐ Yes ■	J,					■ None	☐ Uterine Perforation		
						_			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Hemorrhag	_		
☐ Yes ■	No			☐ Infection ☐ Retained Products					
			Other (Spe	cify)					
Pathological examin performed?	nation If yes, results:								
Yes •	No			Did this termination of pregnancy result in a maternal de					
						Yes N	lo .		
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonst	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprosto	ol cify)		
	cal) Suction Curettage cal) Menstrual Aspiration					al) Suction Curetta al) Menstrual Asp			
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, ansv	ver the following question.		
	le or have a post fertilization			Was the fet	ne viahl	e or have a post fer	tilization age at least 20 weeks?		
	□ No	age at reast 20 weeks.		Yes No					
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	res, complete the following questions.		
Was the fetus give	en the best opportunity to surv	vive?		Was the fet	us giver	the best opportuni	ity to survive?		
☐ Yes [	☐ No				Yes [	No			
	s for determination that the p						that the pregnant woman had a condition		
woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me	enses began	Physicis	an estimate	of gestation (i	n wook	g) Poet fa	ertilization age of the fetus (in weeks)		
	UNKNOWN			7		103110	5		
_	tional age and post fertilization	on age determined?							
ULTRASOUND EX	KAMINATION								
P.H. O. C.									
Full name of physic DR. JEFFREY D. (	ian performing termination GLAZER								
Address of physician	n performing termination (nu	•	te, and zip	code)					
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219							
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_		
DATE RECEIVED BY ISDH (month, day, year): 05/25/2018									

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THE WOMEN'S MED CEN	TER OF INDIANAPO	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					mination L <b>IS</b>		County of pregnancy termination MARION		
Patient's age**	Mouni - 1		Date of pregna	ncy termination	n Edu	ation					
44	Married Yes	■ No		5/25/2018	Edu	ation	Hiç	gh Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Other Pacifi		Asian White	Black or A	frican American			■ Not l	y anic or Latino Hispanic or Latino		
Other Termination	Number	of spontaneo	us terminations			Num	ber of indu	ced termi	nations		
Dates of termination		de this termin	0 nation. If more the	an six (6), thos	e most recent.)				0		
1	2		3		_ 4		5		6		
Fetus delivered alive	-	s, length of ti	me fetus survive	d:				Compli	cation(s) of Pregnancy Termination		
	110						■ No	one	☐ Uterine Perforation		
Fetus viable?	If via	able, medical	reason for termin	nation:			- □ He	emorrhag	e Cervical Laceration		
☐ Yes ■		,					☐ In:	fection	☐ Retained Products		
								ther (Spe	cify)		
Pathological examin	s, results:										
performed?  • Yes	No CHO	RIONIC VIL	LAE, GESTAT	IONAL SAC			Did this termination of pregnancy result in a maternal death?				
			· 				Yes No				
				Type of Te	rmination Proced	ures					
Procedure that Term	су		Procedur	e that Term	ninated P	regnancy					
☐ Medical (Nonsi	urgical) Mifepri	istone			☐ Medica	ıl (Nonsı	urgical) Mi	ifepriston	e		
	urgical) Misopr urgical) Other (						urgical) Mi urgical) Ot				
		~F 35)				- (		(~ <i>I</i>	<i>377</i>		
■ Medical (Surgical) Suction Curettage											
	cal) Menstrual	Aspiration			☐ Medica	ıl (Surgio	cal) Menstr	rual Aspi	ge ration		
Medical (Surgi	cal) Other (Spec	cify)			☐ Medica	ıl (Surgio	cal) Other	(Specify)			
For Medical (Surgic	cal) procedures,	answer the fo	ollowing question	1.	For Medica	l (Surgic	al) procedu	res, answ	ver the following question.		
Was the fetus viab ☐ Yes [		t fertilization	age at least 20 w	veeks?		is the fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was answer	ed yes, comp	lete the following	g questions.	If the previous	ous quest	question was answered yes, complete the following questions.				
Was the fetus give ☐ Yes [		tunity to sur	vive?			etus give Yes [		pportuni	ty to survive?		
What was the basi	_	ion that the n	ragnant woman k	nad a condition		_	<del></del>	nination t	hat the pregnant woman had a condition		
that required the p					t that requir	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant					
woman?					woman?						
			·		•			1 .			
Date last normal me	enses began 04/05/201	8		Physician estin	mate of gestation 6	(in week	cs)	Post fe	ertilization age of the fetus (in weeks)  4		
How were the gestar			on age determine	d?				1	·		
ULTRASOUND EX	CAMINATION,	PELVIC EX	AMINATION								
	Full name of physician performing termination  DR. JEFFREY D. GLAZER										
Address of physicia		mination (nu	mber and street,	city, state, and	zip code)						
1201 N ARLINGTO	ON AVE, INDIA	ANAPOLIS,	IN 46219								
	**Date Reported to DCS, if Patient under 16 (month, day, year):										
**Date Reported	to DCS, if Pat	ient under	16 (month, day, y	year):					_		
DATE RECEIVI	ED BY ISDH	(month, day,	year):05/25/2	018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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THE WOMEN'S MED CEN	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					ncy terminati	on	County of pregnancy termination MARION			
Patient's age**	N	J	Date of pregnan	ncy termination	Educa	tion					
39	Marrio	ed Yes I No		5/25/2018	Lauca	tion	Back	nelor's Degree			
Race American Indian Native Hawaiian	or Oth		Asian White	■ Black or Afr □ Other	ican American	Unknow	n Not	y anic or Latino Hispanic or Latino			
Live Births:	N	Number of spontaneou	2 is terminations			Number of	induced termi	0 inations			
Other Termination	15.	ot include this termin	0	un sir (6) those	most recent )			2			
1. 1997		2. <b>2008</b>	*				5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived	1:		•	Compli None	cation(s) of Pregnancy Termination  Uterine Perforation			
							Hemorrhag	ge			
Fetus viable?  Yes	No	If viable, medical	reason for termin	ation:			Infection	☐ Retained Products			
								cify)			
Pathological examin	nation	If yes, results:				Other (Spe	ctyy)				
performed?	performed?										
☐ Yes ■	Yes No							Did this termination of pregnancy result in a maternal death?  Yes No			
						•					
				Type of Term	nination Procedu	res					
Procedure that Term	ninated F	Pregnancy		ocedure that	Terminated P	regnancy					
Medical (Nonsi	urgical)	Mifepristone			☐ Medical	(Nonsurgical	) Mifepristor	ne			
Medical (Nonsi	urgical)	Misoprostol				(Nonsurgical					
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage											
	cal) Me	nstrual Aspiration			☐ Medical	(Surgical) M	enstrual Aspi	iration			
Medical (Surgi	cal) Oth	ner (Specify)			☐ Medical	(Surgical) O	ther (Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgical) pro	cal) procedures, answer the following question.				
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 we	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	ous question was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [		est opportunity to surv	rive?			us given the b Yes		ty to survive?			
		ermination that the p						that the pregnant woman had a condition			
that required the p woman?	rocedure	e to avert death or ser	ious impairment t	to the pregnant	that require woman?	d the procedu	re to avert de	ath or serious impairment to the pregnant			
Date last normal me	nses beg	gan		Physician estim	ate of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)			
	UN	IKNOWN		-	7			5			
How were the gestar	-	ge and post fertilization	on age determined	1?							
JETTA GOORD EA											
Full name of physic	ian perfo	orming termination									
DR. JEFFREY D. (	GLAZE	R									
Address of physician	•	ming termination (nu		city, state, and z	ip code)						
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, ye	ear):				_			
_		ISDH (month, day,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

THE WOMEN'S MED CEN	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					gnancy ter			County of pregnancy termination MARION		
Patient's age**	Marrie	a	Date of pregna	ncy terminatio	n Edi	ucation					
24	_	Yes No		5/25/2018				Asso	ociate Degree		
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Black or A	African American	☐ U	nknown ber now de	☐ Not I	y anic or Latino Hispanic or Latino		
Live Births:			0				ber of indu		O motions		
Other Termination	15.	umber of spontaneou	0			Nulli	iber of illus	ced termi	1		
Dates of termination 2012	ns ( <i>Do no</i> 2		ation. If more the		· ·		5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complia	cation(s) of Pregnancy Termination		
☐ Yes ■	No						■ N	one	☐ Uterine Perforation		
								emorrhag	e Cervical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:			│ <sub>□ In</sub>	fection	Retained Products		
									_		
Pathological examin	ation	If yes, results:					Other (Specify)				
performed?			LAE OFSTAT	TONAL CAC							
■ Yes □	No	CHORIONIC VIL	LAE, GESTAT	IONAL SAC			Did this termination of pregnancy result in a maternal death?				
		•					•				
				Type of Te	ermination Proce	edures					
Procedure that Term	regnancy		l Procedui	re that Tern	ninated Pr	regnancy					
☐ Medical (Nonsu	urgical) l	Mifepristone			☐ Medi	cal (Nons	urgical) M	ifepriston	ne		
Medical (Nonsu	urgical)	Misoprostol			☐ Medi	cal (Nons	urgical) M urgical) Ot	isoprosto	1		
ivicultar (I vonst	other (speety)		Wiedi	car (140113	urgicur) Ot	iner (spec	97)				
■ Medical (Surgical) Suction Curettage											
	cal) Mer	strual Aspiration			☐ Medi	cal (Surgi	cal) Menst	rual Aspi	ration		
Medical (Surgio	cal) Oth	er (Specify)			☐ Medi	cal (Surgi	cal) Other	(Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	1.	For Medic	al (Surgio	cal) procedu	ires, answ	ver the following question.		
	le or hav No	e a post fertilization	age at least 20 w	veeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following	g questions.	If the prev	ious ques	tion was an	swered y	es, complete the following questions.		
	n the bes	t opportunity to surv	ive?			fetus give		opportuni	ty to survive?		
		maination that the ma	an am ant vyaman l	had a aanditian		- ··· .	_	nination t	hat the macronat warmen had a condition		
that required the pr		rmination that the protocol to avert death or ser			that requ	ired the p			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?						
					1			_			
Date last normal me	_	an KNOWN		Physician esti	mate of gestatio  8	n (in week	ks)	Post fe	ertilization age of the fetus (in weeks)  6		
How were the gestat			n age determine	d?				1	-		
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION								
Full name of physician performing termination  DR. JEFFREY D. GLAZER											
Address of physician	-			city, state, and	l zip code)						
1201 N ARLINGTO	ON AVE	INDIANAPOLIS,	IN 46219								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year):										

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or	town, of pregna	ncy termination	1	County of pregnand MA	cy termination ARION		
Patient's age**	Marrie	d	Date of pregnancy terr	nination	Educa	tion					
39		Yes No	05/25/20	)18				ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Bla White Oth		can American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			2			Number of in		0			
Other Termination	15.	umber of spontaneou	0	C) 1		Number of in	duced term	1			
Dates of termination	is ( <i>Do no</i>		ation. If more than six (0			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					•	None	☐ Uterir	ne Perforation		
F ( 1119		TC ' 11 1' 1	· · · · · ·				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?											
l ies	NO					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		rocedure that Te	erminated P	regnancy					
Medical (Nonst						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Madical (Surgi	201) <b>S</b> uo	ion Curattaga				(Surgical) Suc	tion Curatte	199			
	cal) Mer	strual Aspiration				(Surgical) Suc (Surgical) Mer	istrual Aspi	iration			
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Oth	er (Specify)				
									_		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) proce	edures, ansv	ver the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, compl	ete the following questi	ons.	If the previou	s question was	answered y	res, complete the follo	owing questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	ive?			us given the bes	st opportuni	ity to survive?			
What was the basis	s for dete	rmination that the pr	regnant woman had a co	ndition	What was th	he basis for dete	ermination (	that the pregnant won	nan had a condition		
			ious impairment to the p					ath or serious impair			
wonian:					woman:						
Date last normal me	nses hea	an	Physics	ian estimat	e of gestation (i	in weeks)	Post fa	ertilization age of the	fetus (in weeks)		
	04/	04/2018		ian cominal	<b>5</b>	n weeks)	1 OSt IC	3	icus (iii weeks)		
How were the gestat			n age determined?								
ULTRASOUND EX	AMIINA	HUN									
Full name of physic	ian perfo	rming termination									
DR. JEFFREY D. O	GLAZEF	<b>t</b>									
Address of physician	•		mber and street, city, sto IN 46219	ite, and zip	code)						
v. it AllEllio I	A.V E.	,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVE	ED BY 1	ISDH (month. dav.	year): 05/25/2018								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or town	, of pregnancy		County of pregnancy termination MARION				
Patient's age**	Married	Date of pregnancy term	ination	Education	n					
28	Married  ■ Yes □ No	05/25/20 <sup>-</sup>		Education		ociate Degree				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe	k or African A er			anic or Latino Hispanic or Latino				
Other Termination	Number of spontaneo	<b>2</b> ous terminations		N	umber of induced termi					
	ns (Do not include this termi	0 nation. If more than six (6	), those most re	ecent.)		0				
1		3			5	6				
Fetus delivered alive	, ,	ime fetus survived:			Complie	cation(s) of Pregnancy Termination				
					■ None	☐ Uterine Perforation				
Fetus viable?	If viable, medica	l reason for termination:			Hemorrhag	e Cervical Laceration				
☐ Yes ■	No				☐ Infection	☐ Retained Products				
					Other (Spec	cify)				
Pathological examin	nation If yes, results:									
performed?  ■ Yes □	No CHORIONIC VI	LLAE, GESTATIONAL		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
		Туре	of Terminatio	on Procedures						
Procedure that Term	ninated Pregnancy		Ad	lditional Proce	dure that Terminated P	regnancy				
	urgical) Mifepristone				onsurgical) Mifepriston					
	urgical) Misoprostol urgical) Other (Specify)									
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			Medical (Su	rgical) Menstrual Aspi rgical) Other (Specify)	ration				
i Wedicai (Surgi	cai) Other (Specify)			Medicai (Su	igical) Other ( <i>specify</i> )					
For Medical (Surgic	cal) procedures, answer the f	ollowing question.	For	r Medical (Sur	cal (Surgical) procedures, answer the following question.					
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?	V		fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	tion was answered yes, com	olete the following question	ons. If t	the previous qu	as question was answered yes, complete the following questions.					
	en the best opportunity to sur			Vas the fetus 2	given the best opportuni	ty to survive?				
☐ Yes [					□ No	•				
	s for determination that the procedure to avert death or se			What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?	rocedure to avert death of se	rious impairment to the pr	C	voman?	e procedure to avert des	an of serious impairment to the pregnant				
Date last normal me	•	Physicia	an estimate of g	-	peeks) Post fe	ertilization age of the fetus (in weeks)				
How were the gestar	04/12/2018 tional age and post fertilizat	on age determined?		6		4				
_	KAMINATION, PELVIC E	-								
	ian performing termination									
DR. JEFFREY D. ( Address of physician	GLAZER  n performing termination (n	umber and street, citv. stat	te, and zip code	e)						
	ON AVE, INDIANAPOLIS	•		· 						
**Date Reported	to DCS, if Patient under	16 (month, day, year):				_				
DATE RECEIVI	ED BY ISDH (month, day	, year):05/25/2018				_				

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or tow		ncy termination		County of pregnancy termination MARION				
Patient's age**	Manniad	Date of pregnancy term	ination	Educat	ion						
26	Married ☐ Yes ■ No	05/25/20 <sup>-</sup>		Educat	1011	Ass	ociate Degree				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ White ☐ Othe	k or African er	American	Unknown Number now	■ Not	anic or Latino Hispanic or Latino  Unknown				
Other Termination	Number of spontaneo	us terminations			Number of inc	luced termi	inations				
	ns (Do not include this termin	0 nation. If more than six (6)	), those most	recent.)			1				
ı. <b>2015</b>	2	3	4		5		6				
Fetus delivered alive	J,	me fetus survived:				•	cation(s) of Pregnancy Termination				
						None	Uterine Perforation				
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration				
☐ Yes ■	No					Infection	☐ Retained Products				
						Other (Spe	cify)				
Pathological examin performed?	ation If yes, results:										
■ Yes □	■ Yes  No  CHORIONIC VILLAE, GESTATIONAL SAC						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
	urgical) Mifepristone				(Nonsurgical) 1						
☐ Medical (Nonst	urgical) Misoprostol			☐ Medical (	(Nonsurgical) 1	Misoprosto	1				
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)											
Madian (Come	1) Cti Ctt		-		(Ci1) C4	: C#-					
☐ Medical (Surgio	cal) Suction Curettage cal) Menstrual Aspiration		[	■ Medical (	(Surgical) Suct (Surgical) Men	strual Aspi	iration				
Medical (Surgio	cal) Other (Specify)			Medical (	(Surgical) Othe	er (Specify)					
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.	F				ver the following question.				
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was answered yes, comp	lete the following question	ons. I	f the previous	s question was a	answered y	es, complete the following questions.				
Was the fetus give	en the best opportunity to surv	vive?		-	is given the bes						
☐ Yes [					es □ No		•				
	s for determination that the procedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	roccdure to avert death of ser	rous impairment to the pr	Cgilant	woman?	ruic procedure	to avert de	and of serious impairment to the pregnant				
Date last normal me	enses began UNKNOWN	Physicia	an estimate o	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)  4				
_	tional age and post fertilization	-				1					
OLIKASOUND EX	(AMINATION, PELVIC EX	AMIINATION									
Full name of physic	ian performing termination										
DR. JEFFREY D. C											
	n performing termination (nu DN AVE, INDIANAPOLIS,		e, and zip co	oae)							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_				
DATE RECEIVE	ED BY ISDH (month, day,	year):					_				

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna	ncy termination		County of pregnancy termination MARION		
Patient's age**	Marrie	.d	Date of pregnance	ev termination	Educat	rion				
25	_	Yes No		25/2018	Educat		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian Live Births:	n or Othe		■ White	Black or Afri Other	can American	Unknown Number now de	■ Not I	anic or Latino Hispanic or Latino  Unknown		
Other Termination	N N	umber of spontaneou	as terminations			Number of indu	ced termi			
Dates of termination		ot include this termin	0 ation. If more than	ı six (6), those n	nost recent.)			1		
ı. <b>2017</b>		<u>.</u>	Ť.			5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
	110					■ No	one	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termina	ution:		Но	emorrhag	e Cervical Laceration		
Yes •	No	ii viasie, medicai	reason for termina	aron.		☐ In	fection	☐ Retained Products		
								cify)		
Pathological examin	nation	If yes, results:								
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIO	ONAL SAC		Did this termination of pregnancy result in a maternal death?				
	110		,			Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
				Type of Term	ination Procedur	res				
Procedure that Term	ninated P	regnancy		ocedure that Term	ninated Pr	regnancy				
☐ Medical (Nonsi	urgical)	Mifepristone			☐ Medical	(Nonsurgical) Mi	ifepriston	e		
Medical (Nonsi					Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)					
	8	(~ <b>F</b> 9))				(	(~ <i>F</i>	977		
	cal) Mei	nstrual Aspiration				(Surgical) Suctio (Surgical) Menst	rual Aspi	ge ration		
Medical (Surgi	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	(Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) procedu	ires, answ	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 wee	eks?		as the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	s question was an	swered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the best of	opportuni	ty to survive?		
What was the basi	s for dete	ermination that the p	regnant woman had	d a condition	What was th	ne basis for detern	nination f	hat the pregnant woman had a condition		
		to avert death or ser						ath or serious impairment to the pregnant		
woman?					woman?					
D. I.						-				
Date last normal me	_	an 18/2018	P	'nysıcıan estima	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) <b>7</b>		
How were the gestar	_	=	-	?			1			
ULTRASOUND EX	KAMINA	TION, PELVIC EX	AMINATION							
E II										
Full name of physician performing termination  DR. JEFFREY D. GLAZER										
Address of physicia	-			ity, state, and zi	o code)					
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219							
WWD D	**Date Reported to DCS, if Patient under 16 (month, day, year):									
•								_		
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):05/25/201	18				_		

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or to	own, of pregna	•		County of pregnancy termination MARION			
Datient's aga**	T.,	Data of programmer to	ination	Educa	tion					
Patient's age** 26	Married ☐ Yes ■ No	Date of pregnancy term 05/25/201		Educa	tion		ter's Degree			
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ☐ Blacc ■ White ☐ Othe		nn American		known I Not I	anic or Latino Hispanic or Latino			
Live Births:	Number now living	0				per now deceased	0			
Other Termination		0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not include this termin	ation. If more than six (6)		ost recent.)		5	6			
Fetus delivered alive		me fetus survived:		t		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation			
						☐ Hemorrhag	e			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products			
	110					Other (Spec	_			
Pathological examin	nation If yes, results:					☐ Oulei (spec	луу)			
performed?										
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death?  Yes  No					
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy				
Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
Medical (Surgio	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ge ration			
Medical (Surgio	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
What was the basis	s for determination that the p	regnant woman had a con	dition	What was th	ne basis	for determination t	hat the pregnant woman had a condition			
	rocedure to avert death or ser						ath or serious impairment to the pregnant			
				Jiiuli i						
Date last normal me	enses began	Physicia	ın estimate	of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)			
	UNKNOWN		Johnnan	6	cens	7 050 10	4			
How were the gestate	tional age and post fertilization	on age determined?								
JEINAGOUND EA	o aminari IVII									
Full name of physic	ian performing termination									
DR. JEFFREY D. O	GLAZER									
* *	n performing termination (nu DN AVE, INDIANAPOLIS,	•	e, and zip	code)						
	,									
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-			
DATE RECEIVE	**Date Reported to DCS, if Patient under 16 (month, day, year):									

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					town, of pregna	•		County of pregnancy termination MARION		
Dotion4?	1 _		Data -f -		1	+i				
Patient's age** 37	Married	d ☐ Yes ■ No	Date of pregnancy to <b>05/25/</b>		Educa	tion	High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian	n or Other		= =	lack or Afrion	can American			y anic or Latino Hispanic or Latino		
Live Births:	Ni	amber of spontaneou	1 is terminations			Numl	ber of induced termi	nations 0		
Other Termination	15.		0 ation. If more than six	(6) those n	act recent			0		
1			3				5	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No						■ None	☐ Uterine Perforation		
Fetus viable?		If viable medical	reason for termination	1.			Hemorrhag	ge Cervical Laceration		
Yes •	No	ii viable, illedicar	reason for termination				☐ Infection	☐ Retained Products		
								cify)		
Pathological examin	nation	If yes, results:								
performed?  Yes	No	CHORIONIC VIL	LAE, GESTATION	Did this termination of pregnancy result in a maternal death?						
	110		, 			Yes No				
								1		
			T	ype of Term	ination Procedu	res				
Procedure that Term	ninated Pr	egnancy		Additional Pr	ocedur	e that Terminated P	regnancy			
☐ Medical (Nonst					☐ Medical	(Nonsu	rgical) Mifepristor	ne		
Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu (Nonsu	urgical) Misoprosto	l hify)		
Interior (Consultion) and Openly)										
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	cal) Men	strual Aspiration			☐ Medical	(Surgic	cal) Menstrual Aspi	ration		
Medical (Surgio	cal) Othe	er (Specify)			☐ Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.		
	ole or have	e a post fertilization	age at least 20 weeks	?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was a	answered yes, comp	lete the following que	stions.	If the previou	ıs quest	ion was answered y	es, complete the following questions.		
		t opportunity to surv	rive?				n the best opportuni	ty to survive?		
☐ Yes [	_				_	Yes [	_			
			regnant woman had a cious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
<u> </u>					1					
Date last normal me	_		Phys	ician estima	te of gestation (	in week.	s) Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		ANOWN and post fertilization	on age determined?		8			6		
ULTRASOUND EX	_	-	-							
Full name of physics	_									
			mber and street, city, s	state, and zij	p code)					
1201 N ARLINGTO	-	•	•							
**Date Reported	to DCS,	if Patient under 1	6 (month, day, year):					_		
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	City or tow		ncy termination	l	County of pregnancy termination MARION				
Patient's age**		Date of pregnancy term	ination	Educat	ion				
19	Married ☐ Yes ■ No	05/25/20		Educat		ligh Scho	ool Diploma or GED		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander Number now living	White Othe	k or African er	American	Unknown Number now	■ Not	anic or Latino Hispanic or Latino		
	Number of spontaneo	us terminations			Number of inc	duced term	inations		
Other Termination	as (Do not include this termin	0	) those most	recent )			0		
	2	•			5		6		
Fetus delivered alive	e? If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No				■	None	☐ Uterine Perforation		
						Hemorrhag	ge Cervical Laceration		
Fetus viable?  Yes	,	reason for termination:				Infection	Retained Products		
						Other (Spe	<del>_</del>		
Pathological examin	nation If yes, results:					Outer (Spe	Ctfy)		
performed?									
■ Yes □	No CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did th ☐ Ye		on of pregnancy result in a maternal death?		
							•		
	Type of Termination Procedures								
Procedure that Term	ninated Pregnancy		A	Additional Pro	ocedure that Te	rminated P	regnancy		
Medical (Nonsu	urgical) Mifepristone		[		(Nonsurgical)				
Medical (Nonsu	urgical) Misoprostol urgical) Other (Specify)				(Nonsurgical) (Nonsurgical)				
Medical (Surgional Control of the Control of t	cal) Suction Curettage		_	Medical	(Surgical) Suct	tion Curetts			
☐ Medical (Surgio	cal) Menstrual Aspiration			■ Medical (	(Surgical) Mer	strual Aspi	iration		
Medical (Surgio	cal) Other (Specify)			Medical (	(Surgical) Othe	er (Specify)			
For Medical (Surgic	al) procedures, answer the fo	llowing question.	F	For Medical (	Surgical) proce	dures, ansv	ver the following question.		
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?			is viable or hav es  No	e a post fer	tilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ons. I	If the previous question was answered yes, complete the following questions.					
	n the best opportunity to surv	vive?			is given the bes	t opportuni	ty to survive?		
☐ Yes [	_			_	es No				
	s for determination that the p rocedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?		1		woman?	1		1 1 0		
Date last normal me	-	Physicia	an estimate o	f gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat	UNKNOWN tional age and post fertilization	on age determined?		7			5		
_	KAMINATION, PELVIC EX	_							
	ian performing termination								
DR. JEFFREY D. C	GLAZER  n performing termination (nu	mbon and atmost situ stat	to and sin oo	(da)					
	n performing termination ( <i>nu</i> <b>DN AVE, INDIANAPOLIS,</b>		.e, ини zip co	ue)					
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018								

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	NDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or to	own, of pregna	-		County of pregnancy termination MARION					
Patient's age**	Marri		Date of pregnancy term		Educa	tion	111:-1 0 :	al Birdama ar CED				
Race American Indian Native Hawaiian Live Births:	or Ala		05/25/201  ☐ Asian	k or Africa	n American		Ethnicity  Hisp	ool Diploma or GED  y anic or Latino  Hispanic or Latino Unknown				
Other Termination	s: 1	Number of spontaneou	us terminations 0			Numb	per of induced termi	nations 0				
Dates of termination	s (Do n		ation. If more than six (6)	), those mos	st recent.)		_	,				
Fetus delivered alive		If yes, length of ti	me fetus survived:	4.			Complie  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration				
Fetus viable?  Yes  1		,	reason for termination:		☐ Infection ☐ Retained Products ☐ Other (Specify)							
performed?								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Tyna	of Termin	ation Procedu	res						
Procedure that Term	inated 1	Pregnancy	1.ypc		e that Terminated P	regnancy						
Medical (Nonsu Medical (Nonsu Medical (Nonsu	Mifepristone Misoprostol											
Medical (Surgion Medical (Surgio	cal) Me	enstrual Aspiration			■ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi al) Other (Specify)	ration				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	s answered yes, comp	lete the following question	ns.	If the previou	is questi	ion was answered y	es, complete the following questions.				
Was the fetus give		est opportunity to surv	rive?			us giver Yes [	n the best opportuni	ty to survive?				
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
D. I	1		l Di · ·		<u> </u>	. ,	)   D (6					
Date last normal me		gan IKNOWN	Physicia	in estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6				
C	,	ge and post fertilization  ATION, PELVIC EX	Č									
Full name of physician performing termination  DR. JEFFREY D. GLAZER												
= -	-	ming termination (nu. E, INDIANAPOLIS,	mber and street, city, stat IN 46219	e, and zip c	code)							
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year):					_				
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year):											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219					ncy termin		County of pregnancy termination MARION			
Patient's age**	Married		Date of pregnan	cy termination	Educa	tion					
30		Yes 🗌 No		/25/2018	Educa	ition	Bach	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Other P		☐ White	■ Black or Afr ■ Other	ican American	Unkn-		anic or Latino Hispanic or Latino			
	Num	nber of spontaneou	s terminations			Number	Number of induced terminations				
Other Termination  Dates of termination	15.	•	0	n six (6) those i	nost recent )			1			
1. <b>2012</b>	•			* **	,		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived	:			Compli	cation(s) of Pregnancy Termination			
l les e	NO						None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termina		☐ Hemorrhag	e Cervical Laceration					
Yes No							☐ Infection ☐ Retained Products				
							Other (Spe	cify)			
Pathological examir	nation	If yes, results:									
performed?  • Yes	No C	CHORIONIC VIL	LAE, GESTATI	Did this termination of pregnancy result in a maternal death?							
					Yes No						
				Type of Tern	nination Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nons							ical) Mifepristor				
Medical (Nonsi							ical) Misoprosto ical) Other (Spec				
■ Medical (Surgical) Suction Curettage											
Medical (Surgi	cal) Menstr	rual Aspiration				(Surgical)	Menstrual Aspi	ration			
Medical (Surgi	cal) Otner (	(Specify)			Medical	(Surgical)	Other (Specify)				
For Medical (Surgion	cal) procedu	res, answer the fo	llowing question.		For Medical	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes		post fertilization	age at least 20 we	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was ans	swered yes, compl	ete the following	questions.	If the previou	is question	was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		pportunity to surv	ive?			us given th	ne best opportuni	ty to survive?			
What was the basi	<del></del>	singtion that the n	rognant woman he	nd a condition		_		hat the pregnant woman had a condition			
that required the p					that require			ath or serious impairment to the pregnant			
woman?					woman?						
							1				
Date last normal me	nses began UNKN		I	Physician estima	ate of gestation (a	in weeks)	Post fo	ertilization age of the fetus (in weeks)  5			
How were the gesta			n age determined	?	<u> </u>		I	-			
ULTRASOUND EX	CAMINATION	ON, PELVIC EX	AMINATION								
	Full name of physician performing termination  DR. JEFFREY D. GLAZER										
Address of physicia	•	-		city, state, and z	ip code)						
1201 N ARLINGTO	ON AVE, IN	NDIANAPOLIS,	IN 46219								
**Data D / 1	to DCg '	f Dationt 1 1	6 (	2001							
**Date Reported								_			
DATE RECEIVI	ED BY IS	DH (month, day,	year):05/29/20	, 10				_			

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or		NAPOLIS	County of pregnancy termination MARION				
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educa	tion					
18 Race		☐ Yes ■ No	05/25/20	)18			Some Co	ollege, No Degree			
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian Bla White Oth		an American	Unknown Number now d	Hisp  Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			0			Number of ind		0			
Other Termination	15.	umber of spontaneou	0			0					
Dates of termination	1S ( <i>Do no</i> 2		ation. If more than six (	**		5.		6.			
Fetus delivered alive	e?	If yes, length of ti					Complication(s) of Pregnancy Termination				
☐ Yes ■	No						■ None ☐ Uterine Perforation				
F		TC : 11 1: 1				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable?  If viable, medical reason for termination:  Yes No							☐ Infection ☐ Retained Products				
				Other (Spe	cify)						
Pathological examin	ation	If yes, results:									
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	Dideki	a tamainati	on of macananay accu	It in a matamal dooth?				
	110				Did this termination of pregnancy result in a maternal death?  Yes No						
	Type of Termination Procedures										
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu						(Nonsurgical) N					
Medical (Nonsu  Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	ion Curetta	100			
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Othe	strual Aspi	ration			
Medical (Surgio	cai) Oiii	er (specify)			Medicai	(Surgical) Onle	н (зресцу)				
									<del>_</del>		
For Medical (Surgic			0 1			Surgical) procedures, answer the following question.					
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have a post fertilization age at least 20 weeks? Yes  No					
If the previous quest	tion was	answered yes, compl	ete the following questi	ons.	If the previou	s question was a	stion was answered yes, complete the following questions.				
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the feti	us given the best	opportuni	ty to survive?			
☐ Yes [		711				Yes No	11	,			
			regnant woman had a co					hat the pregnant won ath or serious impair			
woman?	rocedure	to avert death of ser	tous impairment to the p	леднані	woman?	d the procedure	io avert de	aur or serious impairi	nent to the pregnant		
					<u> </u>						
Date last normal me	_		Physic	ian estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		17/2018  e and post fertilization	n age determined?		9			7			
ULTRASOUND EX	·	•	Č								
	Full name of physician performing termination  DR. JEFFREY D. GLAZER										
			mber and street, city, sto	ate, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219								
-		105									
•			6 (month, day, year): _					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):05/29/2018					_			

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					egnancy te		County of pregnancy termination MARION			
Patient's age**	Marrie		Date of pregna	ncv terminatio	on Ed	ucation					
21		Yes No		5/25/2018			High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Other		Asian White	■ Black or A	African America	☐ U		y anic or Latino Hispanic or Latino			
	Nı	umber of spontaneou	1 is terminations			Num	Number of induced terminations				
Other Termination  Dates of termination	15.	•	0	an six (6) that	ca most racent )			0			
1			Ť.				5	6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:			Complie None	cation(s) of Pregnancy Termination  Uterine Perforation			
F		TC ' 11 1' 1	· ·				Hemorrhag	ge Cervical Laceration			
Fetus viable? If viable, medical reason for termination:							☐ Infection	☐ Retained Products			
							☐ Other (Specify)				
Pathological examin	nation	If yes, results:					- Guid (spectyy)				
performed?		CHORIONIC VIL	LAE GESTAT								
■ Yes □	No	CHORIONIC VIL	LAL, GLOTAT	TONAL SAC			Did this terminati	on of pregnancy result in a maternal death?			
				Type of Te	ermination Proce	edures					
Procedure that Term	ninated Pr	egnancy			Additiona	ıl Procedu	re that Terminated P	regnancy			
☐ Medical (Nonsu							urgical) Mifepristor				
☐ Medical (Nonsu	urgical) I	Misoprostol			☐ Medi	ical (Nons	urgical) Misoprosto	1			
Medical (Nonsu	urgicai) (	Otner (Specify)			меал	☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgio		ion Curettage strual Aspiration					cal) Suction Curetta cal) Menstrual Aspi				
Medical (Surgio							cal) Other (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	1.	For Medic	cal (Surgio	cal) procedures, ansv	ver the following question.			
	le or have	e a post fertilization	age at least 20 w	veeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was a	answered yes, comp	lete the following	g questions.	If the prev	vious ques	tion was answered y	es, complete the following questions.			
		t opportunity to surv	vive?				en the best opportuni	ty to survive?			
	☐ No					Yes					
		rmination that the pa to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman	?					
<u> </u>											
Date last normal me	_			Physician esti	imate of gestatio	on (in week	ks) Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		and post fertilization	on age determine	ed?	6			4			
ULTRASOUND EX	_	=	-								
Full name of physician performing termination  DR. JEFFREY D. GLAZER											
Address of physician			mber and street.	city, state. and	d zip code)						
1201 N ARLINGTO	-	•									
**Date Reported	to DCS,	if Patient under 1	6 (month, day, y	year):				_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018										

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Facility Name and Address HE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219  City or town, of pregnancy termination INDIANAPOLIS  County of pregnancy termination MARION											
Γ=	ı		-		1						
Patient's age** 35	Marrie	ed ■ Yes □ No	Date of pregnancy term <b>05/25/20</b> 1		Educa	tion		Some Co	llege, No Degree		
Race American Indian Native Hawaiian	n or Alas	ka Native		k or Africa	an American		known oer now (	Ethnicity  Hispa	nic or Latino lispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	2 terminations			Numh	er of inc	duced termin	0 ations		
Other Termination	15.	•	0	\ .1		rvanie	oci oi inc	ideed termin	2		
2014		n inciuae inis termin <b>1998</b>	ation. If more than six (6)	), tnose mo 	981 recent.) 4		5		6		
Fetus delivered alive	e?	If yes, length of ti	me fetus survived:					Complica	ation(s) of Pregnanc	y Termination	
☐ Yes ■	No					■ None ☐ Uterine Perforation					
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	e Cervi	cal Laceration	
☐ Yes ■ No								Infection	☐ Retain	ned Products	
								Other (Speci	ify)		
Pathological examination											
performed?  Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	Did this termination of pregnancy result in a maternal death?							
				Yes No							
Procedure that Term	ninated D	regnancy	Туре	of Termir	nation Procedu Additional Pr		e that Te	rminated Pro	egnancy		
		•							,		
Medical (Nonsu  Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) I	Mifepristone Misoprostol			
Medical (Nonsu	urgical)	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio		tion Curettage			Medical Medical	(Surgic	al) Suct	ion Curettag	ge		
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Othe	er (Specify)	ation		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proce	dures, answe	er the following que	stion.	
Was the fetus viab ☐ Yes [		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was a	answered ye	s, complete the follo	owing questions.	
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us giver Yes [		t opportunity	y to survive?		
					_	_	<del>_</del>				
that required the pr			regnant woman had a con ious impairment to the pr		that require				at the pregnant won th or serious impair	nan had a condition ment to the pregnant	
woman?					woman?						
Date last normal me	_	an <b>09/2018</b>	Physicia	an estimate	e of gestation (a	in weeks	s)	Post fer	tilization age of the	fetus (in weeks)	
How were the gestat			on age determined?		<u> </u>						
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION								
Full name of physician performing termination  DR. JEFFREY D. GLAZER											
1 7			mber and street, city, stat	te, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS	. if Patient under 1	6 (month. day. year):								
•	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF II INDIANAPOLIS, IN, 46219	NDIANAPOLIS - 1201 N AR	RLINGTON AVE,	City or to		ncy termination	County of pregnan	cy termination ARION			
,				·						
Patient's age**  24  Race	ed Yes No	Date of pregnancy term 05/25/20		Educat		igh Scho	ol Diploma or GE	D		
American Indian or Ala Native Hawaiian or Oth	er Pacific Islander	☐ Asian ☐ Bla☐ White ☐ Oth	ck or Africa ner	n American	Unknown	Hispa  Not H	nic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	1			Number now d	eceased	0			
Other Terminations:	Number of spontaneou	us terminations			Number of ind	uced termin	nations 0			
Dates of terminations (Do n	ot include this termin	ation. If more than six (	6), those mo	st recent.)	5.		6.			
Fetus delivered alive?		me fetus survived:	···			Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■ No	, , ,			■ None ☐ Uterine Perforation						
E-toi-la-9	Te-d-lile medical	reason for termination:			I	Hemorrhago	e 🔲 Cervi	cal Laceration		
Fetus viable?  Yes No				nfection	☐ Retain	ned Products				
Pathological examination	If yes, results:					- Guid (specify)				
performed?		LAE, GESTATIONAL		<del></del>						
■ Yes □ No	SAC	Did this termination of pregnancy result in a maternal death  Yes No								
Type of Termination Procedures										
Procedure that Terminated	Pregnancy			Additional Pr	ocedure that Ter	minated Pr	egnancy			
Medical (Nonsurgical)					(Nonsurgical) M					
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Succession	ction Curettage			Medical	(Surgical) Sucti	on Curettas	pe.			
Medical (Surgical) Medical (Surgical) Ott	enstrual Aspiration			Medical	(Surgical) Mens	strual Aspir				
Medical (Surgical) Of	ner ( <i>Specify</i> )			Medical	(Surgical) Other	г (Ѕресіју)				
								_		
For Medical (Surgical) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) proced	lures, answ	er the following que	stion.		
Was the fetus viable or ha ☐ Yes ■ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	s answered yes, comp	lete the following questi	ons.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the be ☐ Yes ☐ No	est opportunity to surv	vive?			us given the best	opportunit	y to survive?			
			1:4:	_	_			1		
What was the basis for det that required the procedure				that required			nat the pregnant won th or serious impair	nan had a condition nent to the pregnant		
woman?				woman?						
<u> </u>										
Date last normal menses be	gan J/11/2018	Physic	ian estimate	of gestation (ii	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the gestational ag		on age determined?		<u> </u>			4			
ULTRASOUND EXAMINA	ATION, PELVIC EX	AMINATION								
Full name of physician performing termination DR. JEFFREY D. GLAZER										
Address of physician perfor	-		ate, and zip o	code)						
1201 N ARLINGTON AVE	E, INDIANAPULIS,	IIN 402 IS								
**Date Reported to DCS	S, if Patient under 1	6 (month, day, year): _								
DATE RECEIVED BY ISDH (month, day, year): 05/29/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON INDIANAPOLIS, IN, 46219	N AVE,	City or town, of pregr	ancy termination		County of pregnancy termination  MARION					
Patient's age** Married Date of	of pregnancy termina	ation Educ	ation							
22	05/25/2018		Н	_	ol Diploma or GED	)				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	=	or African American	Unknown Number now d	☐ Not H	nic or Latino lispanic or Latino	Unknown				
Live Births:	0			0 Number of induced terminations						
Other Terminations: Number of spontaneous termi	0		Number of ma	0						
Dates of terminations (Do not include this termination. If		,	5.		6.					
Fetus delivered alive? If yes, length of time fetus				Complica	ation(s) of Pregnancy	Termination				
☐ Yes ■ No			• 1	■ None ☐ Uterine Perforation						
	I	Hemorrhage	e Cervica	al Laceration						
Fetus viable? If viable, medical reason in Yes No		☐ Infection ☐ Retained Products								
		Other (Speci	ify)							
Pathological examination If yes, results:										
performed?  • Yes   No   CHORIONIC VILLAE, G	Did thi	a tampinatia	n of macananay masyl	in a matamal daath?						
		Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No								
Type of Termination Procedures										
Procedure that Terminated Pregnancy		Additional	Procedure that Ter	minated Pre	egnancy					
☐ Medical (Nonsurgical) Mifepristone			l (Nonsurgical) N		<b>;</b>					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Suction Curettage			l (Surgical) Sucti	ion Curettag	re					
		☐ Medica	l (Surgical) Mens l (Surgical) Othe	strual Aspira						
Medicai (Surgicai) Other ( <i>specify</i> )		Medica	i (Surgicai) Otne	г (Зресіју)						
						_				
For Medical (Surgical) procedures, answer the following	question.	For Medica	(Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at le  ☐ Yes ■ No	east 20 weeks?		e fetus viable or have a post fertilization age at least 20 weeks?  Yes No							
If the previous question was answered yes, complete the	following questions.	If the previo	ous question was a	nswered yes	s, complete the follow	ving questions.				
Was the fetus given the best opportunity to survive?			tus given the best	opportunity	y to survive?					
☐ Yes ☐ No			Yes No							
What was the basis for determination that the pregnant that required the procedure to avert death or serious improvements.					at the pregnant womath or serious impairm					
woman?	1	woman?	· · · · · · ·		· · · · · · · · · · · · · · · · · · ·	r . 6				
Date last normal menses began 04/01/2018	Physician 6	estimate of gestation	(in weeks)	Post fer	tilization age of the f	etus (in weeks)				
How were the gestational age and post fertilization age d	letermined?	<u> </u>			U					
ULTRASOUND EXAMINATION, PELVIC EXAMINA	ATION									
Full name of physician performing termination DR. JEFFREY D. GLAZER										
Address of physician performing termination (number and		and zip code)								
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 462	19									
**Date Reported to DCS, if Patient under 16 (mon	oth day year).									
DATE RECEIVED BY ISDH (month, day, year):										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AF	City or tov	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION				
Patient's age**	Mamilad	Date of pregnancy term	ination	Educat	ion					
27	Married ☐ Yes ■ No	05/25/20 <sup>-</sup>		Laucat	ion	Bach	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	White Othe	k or African er	American	Unknown Number now c	■ Not	anic or Latino Hispanic or Latino			
Other Termination	Number of spontaneo	us terminations			Number of ind	uced termi	nations 0			
	ss:   as (Do not include this termin	0	), those most	recent.)			1			
ı. <b>2010</b>		3			5		6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ 1	NO					None	☐ Uterine Perforation			
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration			
Yes •	,	<b>104</b> 50 <b>11</b> 101 <b>101</b> 11111111110111		☐ Infection ☐ Retained Products						
				Other (Specify)						
Pathological examin	ation If yes, results:									
performed?  Yes	No CHORIONIC VIL	LAE, GESTATIONAL	SAC	Did this termination of pregnancy result in a maternal d						
					☐ Ye					
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy		A	Additional Pro	ocedure that Ter	minated P	regnancy			
Medical (Nonsu	urgical) Mifepristone urgical) Misoprostol		]		(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsu	argical) Other (Specify)		וֹ		(Nonsurgical)					
	cal) Suction Curettage		<u> </u>		(Surgical) Suct					
☐ Medical (Surgion Med	cal) Menstrual Aspiration cal) Other (Specify)		L	Medical (	(Surgical) Men (Surgical) Othe	strual Aspi r ( <i>Specify)</i>	ration			
For Medical (Surgic	ral) procedures, answer the fo	llowing question	-	For Medical (	Surgical) proced	lures ansv	ver the following question.			
, ,	le or have a post fertilization	0 1								
Yes [		age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons. I	If the previous	s question was a	inswered y	es, complete the following questions.			
	n the best opportunity to surv	vive?			s given the best	opportuni	ty to survive?			
☐ Yes [	No			∐ Y	′es 🗌 No					
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?		r		woman?	1		1			
Date last normal me	nses began 04/06/2018	Physicia	an estimate o	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5			
How were the gestat	tional age and post fertilization	on age determined?					<b>3</b>			
ULTRASOUND EX	(AMINATION, PELVIC EX	AMINATION								
Full name of physician performing termination  DR. JEFFREY D. GLAZER										
	n performing termination (nu	mber and street, city, stat	te, and zip co	ode)						
1201 N ARLINGTO	ON AVE, INDIANAPOLIS,	IN 46219								
**D . D	L DOG ICD II									
_	to DCS, if Patient under						_			
DATE RECEIVE	ED BY ISDH (month, day,	year):05/29/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					ncy terminat	County of pregnancy termination MARION				
Patient's age**	Marrie	d	Date of pregnancy to	ermination	Educa	tion					
43		Yes No	05/25/					ociate Degree			
Race American Indian Native Hawaiian	or Othe		= =	lack or Afric	can American	Unknow	n 🔳 Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:			1				induced term	0			
Other Termination	3.	umber of spontaneou	0	(6) 1		Number of	maucea term	0			
Dates of termination	is (Do no 2		ation. If more than six				5	6			
Fetus delivered alive		If yes, length of tin					Complication(s) of Pregnancy Termination				
☐ Yes ■ 1	No						] None	☐ Ut	erine Perforation		
F		TC ' 11 1' 1					] Hemorrha	ge 🗌 Ce	ervical Laceration		
Fetus viable?  Yes  I	If viable, medical	reason for termination			☐ Infection ☐ Retained Products						
							Other (Specify)				
Pathological examin	ation	If yes, results:					2 · · · · · · · · · · · · · · · · · · ·	957			
performed?		CHORIONIC VIL	Did this termination of pregnancy result in a maternal death?								
■ Yes □	INO	OHORIONIO VIL	LAL, GLOTATION,			Yes I N		esult in a maternal death?			
	Type of Termination Procedures										
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that	Terminated I	Pregnancy			
☐ Medical (Nonsu							) Mifepristo				
Medical (Nonsu			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
■ Medical (Surgical) Suction Curettage											
	cal) Men	strual Aspiration			☐ Medical	(Surgical) M	Ienstrual Asp ther (Specify	iration			
	car) Our	er (Specify)			Wiedicai	(Surgical) C	uner ( <i>specify</i>	)			
For Medical (Surgical	al) proce	dures, answer the fol	llowing question.		For Medical (	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab		e a post fertilization	age at least 20 weeks?	?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, compl	ete the following ques	stions.	If the previou	s question w	as answered v	es, complete the f	ollowing questions.		
		t opportunity to surv			Was the fet	us given the	oest opportun	ity to survive?			
	☐ No	7				Yes No		,			
			regnant woman had a dious impairment to the						voman had a condition airment to the pregnant		
woman?	ocedure	to avert death of sen	tous impairment to the	pregnant	woman?	d the procedu	ire to avert de	aur or serious imp	anment to the pregnant		
					1						
Date last normal me	_		Phys	ician estimat	e of gestation (i	n weeks)	Post f		the fetus (in weeks)		
How were the gestat		29/2018 e and post fertilization	n age determined?		8				6		
ULTRASOUND EX	_		C								
Full name of physician performing termination  DR. JEFFREY D. GLAZER											
			mber and street, city, s	state, and zip	code)						
1201 N ARLINGTO	-	-									
_			6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219						City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	Marrie	<u> </u>		Date of pregna	ancy termina	ation	Educa	tion					
28			No		5/25/2018						ociate Degree		
Race  American Indian  Native Hawaiian	or Other	r Pacific Islan	nder	Asian White	Black of Other	or Africa	nn American		known	■ Not I	y anic or Latino Hispanic or Latino		
Live Births:		ımber now li		4					per now d		0		
Other Termination	ъ.			s terminations 0				Numb	per of ind	uced termi	nations 1		
Dates of termination 1. <b>2010</b>	is (Do no		termina	v	nan six (6), ti		st recent.)		5.		6		
Fetus delivered alive				ne fetus survive			*			Complia	cation(s) of Pregnancy Termination		
☐ Yes ■ I	No							■ None ☐ Uterine Perforation					
To the state of th									I	Hemorrhag	e Cervical Laceration		
Fetus viable? If viable, medical reason for termination:									☐ Infection ☐ Retained Products				
									Other (Specify)				
Pathological examin	ation	If yes, resu	ılts:							outer (spec	-9,7/		
performed?				_AE, GESTAT	TIONAL SA	۸۲		Did this termination of presences result in a maternal death?					
■ Yes	No	CHORION	IIC VIL	LAE, GESTAT	HONAL SA	10	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No						
Type of Termination Procedures													
Procedure that Term	inated Pr	regnancy					Additional Pr	ocedur	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu										//////////////////////////////////////			
	Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)									Aisoprostol Other (Spec			
Interior (volume (opecy))													
■ Medical (Surgical) Suction Curettage													
Medical (Surgio	cal) Men	strual Aspira					Medical	(Surgic	al) Mens	strual Aspi			
☐ Medical (Surgio	cal) Othe	er (Specify)					☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) proce	dures, answe	r the fol	lowing question	n.		For Medical	Surgica	al) proced	lures, answ	ver the following question.		
Was the fetus viable Yes [	le or have No	e a post fertil	ization	nge at least 20 w	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was a	answered yes	, compl	ete the following	ng questions.	=	If the previou	s quest	ion was a	nswered ye	es, complete the following questions.		
Was the fetus given ☐ Yes ☐		t opportunity	to surv	ve?				us givei Yes [		opportuni	ty to survive?		
What was the basis											hat the pregnant woman had a condition		
that required the pr woman?	rocedure	to avert deatl	h or seri	ous impairment	t to the pregi	nant	that require woman?	d the pr	ocedure t	o avert dea	ath or serious impairment to the pregnant		
Date last normal men	_	nn KNOWN			Physician o	estimate	of gestation (i	n week:	s)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat			tilizatio	n age determine	ed?						•		
ULTRASOUND EX	AMINA.	TION, PELV	/IC EX	MINATION									
T II C C C C C													
Full name of physician performing termination DR. JEFFREY D. GLAZER													
Address of physician		C	,		, city, state,	and zip	code)						
1201 N ARLINGTO	ON AVE,	INDIANAP	OLIS, I	N 46219									
**Date Reported	to DCs	if Patient	ınder 1	6 (month day -	vear).								
-											_		
DATE RECEIVE	ATE RECEIVED BY ISDH (month, day, year): 05/29/2018												

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE,					mination IS	County of pregnancy termination MARION			
Patient's age**		Date of pregnancy term	nination	Educa	tion					
19	Married ☐ Yes ■ No	05/25/20		Educa	uon	Asso	ociate Degree			
Race American Indiar Native Hawaiiar Live Births:		■ White ☐ Othe		nn American		Ethnicity Hispa known Not l per now deceased	anic or Latino Unknown			
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations			
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			0			
1		3				5	6			
Fetus delivered alive	J,	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					None	☐ Uterine Perforation			
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
Yes Telus viable:	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products			
						Other (Spec	$cif_{V}$			
Pathological examin	nation If yes, results:					327				
performed?										
L les L	NO					Yes N	on of pregnancy result in a maternal death?			
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	Medical (Surgical) Suction Curettage									
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)				
	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify</i> )				
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
	le or have a post fertilization ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportuni	ry to survive?			
	s for determination that the p	reanant woman had a cor	ndition	_		_	hat the pregnant woman had a condition			
that required the pr	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
D. I.						,				
Date last normal me	onses began 04/09/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  4			
How were the gestat	tional age and post fertilization	on age determined?				I				
OLINAGOUND EX										
Full name of physic	ian performing termination									
DR. JEFFREY D. O	OR. JEFFREY D. GLAZER  Address of physician performing termination (number and street, city, state, and zip code)									
	n performing termination (nu DN AVE, INDIANAPOLIS,	•	te, and zip	code)						
.zv. it AILINGTO	ON ATE, INDIANAFOLIS,	70210								
**Date Reported	to DCS, if Patient under	6 (month, day, year):								
•	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF INDIANAPOLIS - 1201 N AI	City or town,	of pregnand	•	County of pregnancy termination MARION					
Dationt's 44		Data of	inotio-	Education						
Patient's age**  34	Married ☐ Yes ■ No	Date of pregnancy terms 05/25/201		Educatio	on	Asso	ociate Degree			
Race American Indian Native Hawaiian	or Alaska Native or Other Pacific Islander Number now living	☐ Asian ☐ Blacl☐ White ☐ Other	k or African Am		Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino			
Live Births:	ŭ	3			Number of indi		O notions			
Other Termination		0			Number of ma	ucea termi	1			
Dates of termination	as (Do not include this termin	eation. If more than six (6)		cent.)	5		6			
Fetus delivered alive	e? If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
Yes I	No				■ N	None	☐ Uterine Perforation			
Estera scialda 9	TG 1 1 1	reason for termination:			D	Hemorrhag	ge Cervical Laceration			
Fetus viable?  Yes  I	· · · · · · · · · · · · · · · · · · ·	reason for termination:		☐ Infection ☐ Retained Products						
				☐ Other (Specify)						
Pathological examin	ation If yes, results:									
performed?	No			Did this termination of pregnancy result in a maternal deal						
	110				Yes					
		Туре	of Termination	Procedure	s					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsu	urgical) Mifepristone				Nonsurgical) M					
Medical (Nonsu  Medical (Nonsu	argical) Misoprostol argical) Other (Specify)				Nonsurgical) M Nonsurgical) C					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
Medical (Surgic	cal) Menstrual Aspiration			Medical (S	Surgical) Mens Surgical) Other	strual Aspi	ration			
Medical (Surgio	cal) Other (Specify)			Medical (S	Surgical) Otnei	r ( <i>Specify)</i>				
For Medical (Surgical	al) procedures, answer the fo	llowing question.	For	Medical (S	urgical) proced	gical) procedures, answer the following question.				
Was the fetus viable Yes	le or have a post fertilization  No	age at least 20 weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ns. If th	e previous	question was a	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes ☐	n the best opportunity to sur \( \bar{} \) No	vive?	Wa		s given the best	opportuni	ty to survive?			
What was the basis	s for determination that the p	regnant woman had a con	dition W	hat was the	e basis for deter	mination t	hat the pregnant woman had a condition			
	rocedure to avert death or ser		egnant tha				ath or serious impairment to the pregnant			
woman !			wo	7111 <b>4</b> 11 (						
Date last normal men	nses hegan	Dhysicia	in estimate of ge	estation (in	weeks	Doct fo	ertilization age of the fetus (in weeks)			
Date last normal men	UNKNOWN	rnysicia	_	<b>5</b>	weeksj	1 OSt 16	3			
_	tional age and post fertilization	on age determined?				-				
OLIKASOUND EX	ULTRASOUND EXAMINATION									
Full name of physician performing termination										
DR. JEFFREY D. G	GLAZER									
	n performing termination (number of performing termination (number of performing termination) (number of performination) (number of perfo		e, and zip code)			-				
1201 N ANLINGTO	ZI AVE, INDIANAFOLIS,	114 702 13								
**Date Reported	to DCS, if Patient under	l 6 (month. dav. vear):								
_	ED BY ISDH (month, day,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t		ncy termination		County of pregnand	cy termination ARION								
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educat												
Race		Yes No	05/25/20	18		Н	igh Scho	ool Diploma or GE	D								
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian Blac White Othe		an American	Unknown Number now d	☐ Hisp  ■ Not l	y anic or Latino Hispanic or Latino	Unknown								
Live Births:			2			Number of ind		0									
Other Termination	.5.	umber of spontaneou	0			Number of mu	uceu terrin	1									
Dates of termination	s ( <i>Do no</i> 2		ation. If more than six (6			5.		6.									
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination								
☐ Yes ■	No					■ None ☐ Uterine Perforation											
F ( 1110		TC ' 11 1' 1				п	Hemorrhag	ge 🔲 Cervi	cal Laceration								
Fetus viable?  Yes	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products								
							Other (Spe	cify)									
Pathological examin	ation	If yes, results:					( <b>.</b>	- 357									
performed?  Performed?  CHORIONIC VILLAE, GESTATIONAL SAC  Did this termination of pregnancy result in a maternal of the present of the prese							14 in a markaman danah 0										
	NO	0.1014101410 112							it in a maternal death?								
			Турс	e of Termin	nation Procedur	res											
Procedure that Term	Procedure that Terminated Pregnancy Additio							regnancy									
☐ Medical (Nonsu			(Nonsurgical) M														
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) M (Nonsurgical) C											
Interval (Consulgion) Carol (Speedy)																	
Medical (Surgional Control Contro	eal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	100									
☐ Medical (Surgio	cal) Mei	strual Aspiration			■ Medical	(Surgical) Mens	strual Aspi	ration									
☐ Medical (Surgio	car) Oth	er ( <i>Specify)</i>			Medical	(Surgical) Other	г (Ѕресіју)										
									_								
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proced	lures, answ	ver the following que	stion.								
	le or hav No	e a post fertilization	age at least 20 weeks?			the fetus viable or have a post fertilization age at least 20 weeks?  Yes No											
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.								
Was the fetus give	n the bes	at opportunity to surv	ive?		Was the fetu	us given the best	opportuni	tv to survive?									
☐ Yes [		7				Yes No		,									
			regnant woman had a con ous impairment to the p					hat the pregnant won									
woman?	ocedure	to avert death of sen	ous impairment to the p	regnam	woman?	u tile procedure t	o avert de	atii or serious iiipairi	nent to the pregnant								
Date last normal me	_		Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)								
How were the gestat		KNOWN  e and post fertilization	n age determined?		12			10									
ULTRASOUND EX	·		C														
Full name of physici																	
			nber and street, city, sta	te, and zip	code)												
1201 N ARLINGTO	N AVE	, INDIANAPOLIS,	IN 46219														
-		147															
_			6 (month, day, year):					_									
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 05/29/2018					_	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or	town, of pregna	ncy termination	n	County of pregnan	cy termination ARION	
Patient's age**	Marrie	d	Date of pregnancy terr	nination	Educa	tion				
27		Yes No	05/25/20	18				ool Diploma or GE	D	
Race American Indiar Native Hawaiiar	or Othe		Asian Bla White Oth		an American	Unknown	■ Not	y panic or Latino Hispanic or Latino	Unknown	
Live Births:			3			Number of in		0		
Other Termination	15.	umber of spontaneou	1	<u> </u>	,	Number of it	iduced term	0		
Dates of termination	1S ( <i>Do no</i> 2		ation. If more than six (6			5.		6.		
Fetus delivered alive	e?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perforation					
F		TC ' 11 1' 1					Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Infection	☐ Retain	ned Products	
							Other (Spe	ecify)		
Pathological examin	ation	If yes, results:				$\dashv$ $\Box$				
performed?		,							11 10	
l ies	NO								It in a maternal death?	
			Тур	e of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy		Additional Pr	ocedure that T	erminated P	regnancy			
Medical (Nonst					(Nonsurgical)					
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)				
	,					, ,	` .			
Medical (Surgio	cal) Suct	tion Curettage			☐ Medical	(Surgical) Su	ction Curette	age		
☐ Medical (Surgio	cal) Mer	strual Aspiration				(Surgical) Me	nstrual Asp	iration		
☐ Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) Otl	ier ( <i>Specify)</i>	1		
									_	
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) proc	edures, ansv	wer the following que	stion.	
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, compl	ete the following questi	ons.	If the previous question was answered yes, complete the following questions.					
Was the fetus give		t opportunity to surv	ive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
		emination that the n	egnant woman had a co	ndition	_	_	armination	that the pregnant won	een had a condition	
that required the pr			ious impairment to the p		that require			ath or serious impair		
woman?					woman?					
D-t-1 :	1								fotore (: 1 )	
Date last normal me	_	an <b>05/2018</b>	Physici	ian estimat	e of gestation (i	n weeks)	Post f	ertilization age of the	ietus (in weeks)	
How were the gestat			n age determined?				1			
ULTRASOUND EX	AMINA	TION								
Full name of physic	ian nerfo	rming termination								
DR. JEFFREY D. O	GLAZER	<b>t</b>								
Address of physician			mber and street, city, sta	ate, and zip	code)		·			
1201 N ARLINGIC	/N AVE,	, INDIANAPULIS,	114 702 13							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 05/29/2018									

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	NDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t	own, of pregna	-	nncy termination				
Patient's age**	Marri		Date of pregnancy term		Educa	tion					
23 Race		☐ Yes ■ No	05/25/20	)18				Asso Ethnicity	ciate Degree		
American Indian Native Hawaiian	or Oth		Asian Blace Oth		an American		known oer now d	Hispa  Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:			0						0		
Other Termination	15.	Number of spontaneou	0			Numi	per of indi	uced termin	nations 0		
Dates of termination	is (Do n		ation. If more than six (6		ost recent.)		5		6		
Fetus delivered alive	e?	If yes, length of ti					Complication(s) of Pregnancy Termination				
☐ Yes ■	No					■ None					
							☐ F	Hemorrhage	e 🔲 Cer	vical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				П	nfection	□ Reta	ained Products	
	. 10							Other (Spec	_	anica i roducto	
Pathological examin	ation	If yes, results:						эшег (зрес	цу)		
performed?											
☐ Yes ■	No						Did this			sult in a maternal death?	
		•									
			Тур	e of Termin	nation Procedu	res					
Procedure that Term	Additional Pr	ocedur	e that Ter	minated Pr	regnancy						
Medical (Nonsu		☐ Medical	(Nonsu	rgical) N	lifepristone	e					
Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) M	1isoprostol			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgion Med		ction Curettage nstrual Aspiration						on Curettaş strual Aspir			
Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical	(Surgio	al) Other	r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	iestion.	
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.					llowing questions.	
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us givei Yes [		opportunit	y to survive?		
What was the basis	s for det	ermination that the pr	regnant woman had a co	ndition	What was t	he basis	for deter	mination th	hat the pregnant wo	oman had a condition	
			ious impairment to the p							irment to the pregnant	
					3						
Date last normal me	nses he	pan .	Physici	ian estimata	e of gestation (	in wool	5)	Post for	rtilization age of th	ne fetus (in wooks)	
	UN	KNOWN		ostimati	7	,, ССК		1 550 10	5		
		ge and post fertilization	n age determined?								
ULTRASOUND EX	AIVIINA	TION									
Full name of physici	ian nerf	orming termination									
DR. JEFFREY D. C											
Address of physician			mber and street, city, sta	ite, and zip	code)						
1201 N ANLINGTO	/IN M V E	., INDIANAPULIS,	114 702 13								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):										
_		ISDH (month, day,									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	NDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna	ncy termination	County of pregnancy termination MARION			
Patient's age**			Date of pregnan	ou tarmination	Educa	tion				
26	Marri	ed □ Yes ■ No		/25/2018	Educa		ne College, No Degree			
Race American Indian Native Hawaiian Live Births:	or Oth		■ White	Black or Afri	can American					
	N	Number of spontaneou	1 is terminations			Number of induced	0 terminations			
Other Termination	13.	ot include this termin	2	n six (6) those s	nost recent		0			
2015		0047	3			5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:	:		□ None	omplication(s) of Pregnancy Termination  Uterine Perforation			
						— ☐ Hem	orrhage			
Fetus viable?  Yes	No	If viable, medical	reason for termina	ation:			_			
	110									
Pathological examin	nation	If yes, results:				Othe:	і (specijy)			
performed?							Didical in the state of the sta			
☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?  Yes No			
	_	•								
				Type of Term	ination Procedur	res				
Procedure that Terminated Pregnancy						ocedure that Termina	ated Pregnancy			
Medical (Nons)	urgical)	Mifenristone			☐ Medical	(Nonsurgical) Mifer	pristone			
Medical (Nonsi	urgical)					(Nonsurgical) Mison (Nonsurgical) Other	prostol			
Medical (Nolls)	uigicai)	Other (Specify)			Niedicai	(Nonsurgical) Other	(Specify)			
☐ Medical (Surgion Med		ction Curettage enstrual Aspiration			☐ Medical ☐ Medical	(Surgical) Suction C (Surgical) Menstrua	Curettage Il Aspiration			
Medical (Surgio						(Surgical) Other (Sp				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures	s, answer the following question.			
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 we	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previou	s question was answ	ered yes, complete the following questions.			
Was the fetus give		est opportunity to surv	vive?			us given the best opp Yes  No	ortunity to survive?			
		ermination that the p					ation that the pregnant woman had a condition			
that required the pay	rocedure	e to avert death or ser	ious impairment to	o the pregnant	that required woman?	d the procedure to av	ert death or serious impairment to the pregnant			
Date last normal me	nses be	gan	F	Physician estima	te of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)			
	04	/07/2018			6	,	4			
How were the gestar	_	ge and post fertilization	on age determined	?						
JETRAGOUND EA	SCHOOL STREET									
Full name of physic	ian perfe	orming termination								
DR. JEFFREY D. (	. JEFFREY D. GLAZER									
Address of physician 1201 N ARLINGTO	•	ming termination (nu		ity, state, and zi	p code)					
.zu. it Alleinott		-,								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
_	*Date Reported to DCS, if Patient under 16 (month, day, year):									

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Facility Name and Addre THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219	ess F Indianapolis - 1201 n arling	STON AVE,	City or to	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
-	<u> </u>								
29	nrried Da	te of pregnancy termi 05/25/201		Educat	ion		ollege, No Degree		
Race American Indian or A Native Hawaiian or C	_	Asian Black White Other	or African	American	Unkn		y anic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Number	now deceased	0		
Other Terminations:	Number of spontaneous ter	rminations			Number	of induced termi	nations		
Dates of terminations (De	 o not include this termination	n. If more than six (6),	, those mos	t recent.)			0		
1	2	3	4.			5	6		
Fetus delivered alive?  Yes No	If yes, length of time f	etus survived:				Complie None	cation(s) of Pregnancy Termination  Uterine Perforation		
						☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  ☐ Yes ■ No	If viable, medical reason	on for termination:		☐ Infection ☐ Retained Products					
☐ Yes ■ No						infection	Retained Products		
					Other (Spec	cify)			
Pathological examination performed?	If yes, results:								
Yes No	CHORIONIC VILLAE	E, GESTATIONAL S	SAC			Did this termination  Yes N	on of pregnancy result in a maternal death?		
		Type	of Termina	tion Procedur	es				
		Туре							
Procedure that Terminate	ed Pregnancy		-	Additional Pro	ocedure th	hat Terminated Pr	regnancy		
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica									
Medical (Surgical) S Medical (Surgical) S Medical (Surgical) O	Menstrual Aspiration				(Surgical)	) Suction Curetta ) Menstrual Aspi ) Other (Specify)			
For Medical (Surgical) pr	rocedures, answer the follow	ing question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age	at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question v	was answered yes, complete t	the following question	ıs.	If the previous	s question	n was answered y	es, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?	•			is given the	he best opportuni No	ty to survive?		
	determination that the pregna lure to avert death or serious						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal menses	hegan	Physician	n estimate o	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	UNKNOWN	2 my stellar		<b>7</b>		1 051 10	5		
=	l age and post fertilization ag					<b>,</b>			
Full name of physician po	ZER								
	forming termination (number VE, INDIANAPOLIS, IN 4		e, and zip co	ode)					
**Date Reported to D	*Date Reported to DCS, if Patient under 16 (month, day, year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IND	DIANAPOLIS - 1201 N AF	City or town, of pregnar INDIAN					County of pregnancy termination MARION	
Dadiana da dada			Data of		l = 1	4:_			
Patient's age**  18	Marrie [	d Yes • No	Date of pregnancy ter 05/25/2		Educa	tion		ool Diploma or GED	
Race American Indian Native Hawaiian	n or Other	r Pacific Islander	= =	ack or Afric	can American		nknown 🔳 Not	y anic or Latino Hispanic or Latino	
Live Births:		amber now living	0				ber now deceased	0	
Other Termination	15.	umber of spontaneou	0			Numb	ber of induced term	nations 0	
Dates of termination			ation. If more than six				5.	6.	
Fetus delivered alive		I	me fetus survived:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■	No						■ None	☐ Uterine Perforation	
							Hemorrhag	ge	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection	Retained Products	
							☐ Other (Spe	cify)	
Pathological examin	nation	If yes, results:					- Guici (spe	ctyy)	
performed?			I AE GESTATIONA	1 840					
■ Yes □ No CHORIONIC VILLAE, GESTATIONAL SAC						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No			
			Ту	pe of Term	ination Procedu	res			
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedur	e that Terminated P	regnancy	
☐ Medical (Nonst					☐ Medical	(Nonsu	ırgical) Mifepristor	ne	
Medical (Nonsu					Medical Medical	(Nonsu	urgical) Misoprosto	1 cify)	
		(- <u>F</u> <del>3</del> 2)					( <sub>I</sub>	327	
Medical (Surgional Control of the Control of t	aal) Suat	ion Curattaga			☐ Madical	(Surgio	cal) Suction Curetta		
Medical (Surgio	cal) Men	strual Aspiration			☐ Medical	(Surgic	cal) Menstrual Asp	ration	
Medical (Surgio	cal) Othe	er (Specify)			☐ Medical	(Surgic	cal) Other (Specify)		
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, ansv	ver the following question.	
	le or hav	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was a	answered yes, comp	lete the following ques	tions.	If the previou	s quest	ion was answered y	es, complete the following questions.	
		t opportunity to surv	vive?				n the best opportuni	ty to survive?	
☐ Yes [					_	Yes [	_		
			regnant woman had a c ious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?					woman?				
Date last normal me	-	an KNOWN	Physi	cian estima	te of gestation (i	n week.	Post fo	ertilization age of the fetus (in weeks)  6	
How were the gestat	tional age	and post fertilization	-					•	
ULTRASOUND EX	(AMINA	TION, PELVIC EX	AMINATION						
E II								,	
Full name of physics DR. JEFFREY D. (	_								
* *	•	•	mber and street, city, s	tate, and zip	o code)				
1201 N ARLINGTO	ON AVE,	INDIANAPOLIS,	IN 46219						
**Date Reported	to DCS	if Patient under 1	6 (month day year)						
•	*Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A METHODIST HOSPITALS 46202	Address (INDIANAI	POLIS)317 - 1701 SENATE	E AVE, INDIANAPOLIS, IN,	City or t		ncy termination	County of pregnancy termination MARION			
Patient's age**	N	.1	Date of pregnancy term	nination	Educat	ion				
42	Marrie [	Yes No	05/30/20		Educat		nelor's Degree			
Race American Indian Native Hawaiian Live Births:	or Othe		☐ White ☐ Oth		an American		vanic or Latino Hispanic or Latino			
	N	umber of spontaneou	3 as terminations			Number of induced term	inations			
Other Termination  Dates of termination	15.	•	1 ation. If more than six (6	(i) those me	ost recent )		0			
1. <b>2004</b>			3	**	4	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:			Compli  None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?		If violate modical	massan fan tammination.			Hemorrha	ge Cervical Laceration			
Yes Yes	No	ii viable, medicai	reason for termination:			☐ Infection	☐ Infection ☐ Retained Products			
						Other (Spe	cify)			
Pathological examin	ation	If yes, results:								
performed?  PRODUCTS OF CONCEPTION						Diddhia ta main at	· · · · · · · · · · · · · · · · · · ·			
i res	NO	I KODOOTO OI	0011021 11011			Yes N	ion of pregnancy result in a maternal death?			
			Туро	e of Termi	nation Procedur	es				
Procedure that Term	inated P	regnancy		Additional Pro	ocedure that Terminated F	regnancy				
☐ Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsurgical) Mifepriston	ne			
Medical (Nonsu	urgical)	Misoprostol				(Nonsurgical) Misoprosto (Nonsurgical) Other (Spe	ol			
ivicultar (1 vonst	argicar)	other (speegy)			Wiedlear	(Itonsurgical) Other (Spe.	<i>(197)</i>			
Medical (Surgion Medica		tion Curettage astrual Aspiration			☐ Medical ☐ Medical	(Surgical) Suction Curetts (Surgical) Menstrual Asp	age iration			
Medical (Surgio	cal) Oth	er (Specify)				(Surgical) Other (Specify,				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) procedures, answ	wer the following question.			
Was the fetus viab		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previous	s question was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	ive?			is given the best opportunges  \text{No}	ity to survive?			
			regnant woman had a cor				that the pregnant woman had a condition			
that required the programmer woman?	rocedure	to avert death or ser	ious impairment to the p	regnant	that required woman?	d the procedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	nses bee	an	Physici	an estimate	e of gestation (ii	n weeks) Post f	ertilization age of the fetus (in weeks)			
	01/	28/2018			17	,   1.50.1	15			
How were the gestat	tional ag	e and post fertilization	on age determined?							
ULTRASOUND										
Full name of physici	ian perfo	rming termination								
DR. CAITLIN BER	C. CAITLIN BERNARD									
Address of physician 8590 GEORGETO	•		mber and street, city, sta	te, and zip	code)					
5555 SEONGETO		AD, INDIANAFUL								
**Data Panartad	*Date Reported to DCS, if Patient under 16 (month, day, year):									
_			year):				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			City or to	town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION	
Γ=	T			Γ_				
Patient's age** 23	Married Yes No	Date of pregnancy term 05/29/201		Educa	tion		elor's Degree	
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino	
Live Births:	Number now living	0			Numb	er now deceased	0	
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0	
Dates of termination	ns (Do not include this termin	•		ost recent.)			•	
Fetus delivered alive		me fetus survived:		4		5Complie	cation(s) of Pregnancy Termination	
Yes •	, ,	me ietus surviveu.				■ None	Uterine Perforation	
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:						
☐ Yes ■	No					☐ Infection	Retained Products	
5.1.1.1						Other (Spec	cify)	
Pathological examination performed?  If yes, results:								
☐ Yes ■ No						Did this termination  ☐ Yes  No.	on of pregnancy result in a maternal death?	
	,							
		Туре	of Termin	nation Procedur	res			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy	
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e	
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)	
☐ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge	
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration	
Medicai (Surgi	cai) Other ( <i>specify</i> )			☐ Medical	(Surgic	ai) Other (specify)		
					(G :	1\ 1	4 6 11	
	cal) procedures, answer the fo					_	er the following question.	
Was the fetus viab ☐ Yes [	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.	
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	ry to survive?	
		mannant ryaman had a aan	dition	_		_	hat the musement ryamon had a condition	
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant	
woman?				woman?				
-		T				, 1-		
Date last normal me	enses began <b>04/04/2018</b>	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  3	
	tional age and post fertilization	on age determined?						
ULTRASOUND								
Full name of physic	ian performing termination							
DR. CAITLIN BER								
	n performing termination (nu	•	e, and zip	code)				
6590 GEURGEIO	WN ROAD, INDIANAPOL	IO, IN 40208						
**Date Reported	to DCS, if Patient under	6 (month, day, year):						
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 05/30/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or 1		ncy termination	County of pregnancy terminate MARION	County of pregnancy termination MARION		
That is a	nancy termination 05/29/2018	Educat		Some College, No Degree Ethnicity			
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White  Live Birther Number now living	Black or Afric	ean American	Unknown Number now de	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Un	known		
Other Terminations: Number of spontaneous terminations	;		Number of indu	oced terminations			
Dates of terminations (Do not include this termination. If more t	than six (6), those m	ost recent.)		U			
I	ved:	4	5	6Complication(s) of Pregnancy Terminat	ion		
Yes No	· cu.		■ N	_			
	• ,•		п	Iemorrhage	on		
Fetus viable?  Yes No  If viable, medical reason for term	nination:		□ I	nfection	s		
				Other (Specify)			
Pathological examination If yes, results: performed?							
Yes No			Did this	termination of pregnancy result in a mate  No	rnal death?		
	Type of Town:	nation Decad	rae.				
Procedure that Terminated Pregnancy	Type of Termi	nation Procedur		minated Pregnancy			
Medical (Nonsurgical) Mifepristone		_					
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgical) procedures, answer the following question		For Medical (	Surgical) proced	ures, answer the following question.			
Was the fetus viable or have a post fertilization age at least 20  ☐ Yes ☐ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the followi	ing questions.	If the previous question was answered yes, complete the following questions.					
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			is given the best les  \square No	opportunity to survive?			
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment woman?				mination that the pregnant woman had a co o avert death or serious impairment to the			
Date last normal menses began 04/11/2018	Physician estimat	e of gestation (i	n weeks)	Post fertilization age of the fetus (in we	eks)		
How were the gestational age and post fertilization age determing ULTRASOUND	ned?			•			
Full name of physician performing tempinates							
Full name of physician performing termination  DR. CAITLIN BERNARD		1 . \					
Address of physician performing termination (number and stree 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	ı, cııy, state, and zip	coae)					
**Date Reported to DCS, if Patient under 16 (month, day)	, year):						
DATE RECEIVED BY ISDH (month, day, year): 05/30/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to	or town, of pregnancy termination Cou INDIANAPOLIS					ey termination
26	nrried No	Date of pregnancy term <b>05/29/201</b>		Educat	tion		College, N	No Degree	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian ☐ Blact White ☐ Othe		n American	Unkno	own 🔳 N	ispanic or L ot Hispanic		Unknown
Live Births:	Number now living	0				now deceased		0	
Other Terminations:	Number of spontaneou	s terminations 0			Number	of induced te		0	
Dates of terminations (De		*							
Fetus delivered alive?  Yes No	If yes, length of tir		4	•		Com  None	plication(s)	of Pregnancy  Uterin	y Termination e Perforation ral Laceration
Fetus viable?  Yes No	If viable, medical i	eason for termination:				☐ Hemorr ☐ Infectio	n		ed Products
Pathological examination performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal deal of the second of t								t in a maternal death?	
		Туре	of Termin	ation Procedur	res				
Procedure that Terminate	ed Pregnancy	J. T.				nat Terminate	d Pregnancy	r	
Medical (Nonsurgic     Medical (Nonsurgic     Medical (Nonsurgic		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Cur Menstrual A Other (Special	spiration		
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (	Surgical) <sub>1</sub>	procedures, a	nswer the fo	llowing ques	ition.
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization a	age at least 20 weeks?			us viable o Yes 🔲 1	or have a post No	fertilization	age at least 2	20 weeks?
If the previous question v	was answered yes, complete best opportunity to surviv		ns.	•	•	was answere	•		wing questions.
Yes N		ive:			res $\square$		unity to surv	vive:	
	determination that the pr lure to avert death or seri								an had a condition nent to the pregnant
Date last normal menses	began	Physicia	nn estimate	of gestation (i	n weeks)	Pos	t fertilizatio	n age of the t	fetus (in weeks)
	03/20/2018	10		9				7	
How were the gestational ULTRASOUND	age and post fertilization	n age determined'?							
Full name of physician p	-								
Address of physician per 8590 GEORGETOWN	forming termination (nur		e, and zip	code)					
**Date Reported to D	*Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ess II) - 8590 GEORGETOWN ROA	City or town, of	f pregnancy			County of pregnancy termination  MARION				
24	arried Yes No	Date of pregnancy term 05/29/20		Education			elor's Degree			
Race American Indian or D Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	k or African Ame		Unknown		nic or Latino lispanic or Latino	☐ Unknown		
Live Births:	Number now living	0		Nı	umber now de	eceased	0			
Other Terminations:	Number of spontaneou	us terminations 0		Nı	umber of indu	iced termin	nations 0			
Dates of terminations (D	I Do not include this termin	ation. If more than six (6	), those most recei	nt.)			<u> </u>			
1	2	3	4		5		6			
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:				Complic	ation(s) of Pregnanc	y Termination		
				■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No					☐ Ir	☐ Infection ☐ Retained Products				
	☐ Other (Specify)									
Pathological examination	n If yes, results:									
performed?  ☐ Yes ■ No  Did this termination of pregnancy result in a maternal death										
☐ Yes ■ No					Did this Yes			It in a maternal death?		
	·									
		Type	of Termination P	Procedures						
Procedure that Terminat	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
	•									
<ul><li>Medical (Nonsurgion</li><li>Medical (Nonsurgion</li></ul>					onsurgical) M onsurgical) M					
Medical (Nonsurgio					onsurgical) O		fy)			
Medical (Surgical)	Suction Curettage				rgical) Suction					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				rgical) Mens rgical) Other		ation			
	outer (speedy))			Todiour (Su	igiem) emer	(Speedy)				
								_		
For Medical (Surgical) p	procedures, answer the fo	llowing question.	For M	Iedical (Sur	gical) proced	ures, answ	er the following ques	stion.		
Was the fetus viable or Yes \(\partial\) \(\Partial\)	r have a post fertilization	age at least 20 weeks?	Was	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
		1. 1. 6.11	TC 41	_	_	1	1 ( 1 6 11			
If the previous question	was answered yes, comp	lete the following question	ns. If the	previous qu	iestion was ar	iswered ye	s, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv No	vive?	Was		given the best	opportunit	y to survive?			
What was the basis for	determination that the n	rognant waman had a gar	dition Who	_	_	mination th	est the prognent wom	on had a condition		
that required the proce		regnant woman had a con ious impairment to the pr	regnant that	required the			at the pregnant won th or serious impairs			
woman?			won	nan?						
Date last normal menses	•	Physicia	nn estimate of gest		reeks)	Post fer	tilization age of the	fetus (in weeks)		
How were the gestationa	04/10/2018	on aga datarminad?	7				5			
ULTRASOUND	a age and post retunzant	m age determined?								
Full name of physician p										
DR. CAITLIN BERNAF	RD									
Address of physician per 8590 GEORGETOWN	,	mber and street, city, stat IS IN 46268	e, and zip code)							
JULIU GLONGETOWN	NOAD, INDIANAFOL									
***	oca ica i									
**Date Reported to I	DCS, if Patient under 1	6 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		90 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy termination		County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregnancy ter	mination	Educa	tion					
32		Yes No	05/29/20				,	nelor's Degree			
Race American Indian Native Hawaiian	or Othe		Asian Bla White Ott		can American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	3 us terminations			Number of inc		0 inations			
Other Termination	15.		ation. If more than six (	6) those n	acet recent	T value of the		0			
1. <b>2014</b>	2		3			5		6			
Fetus delivered alive		If yes, length of ti				Complication(s) of Pregnancy Termination					
☐ Yes ■	No					■ None ☐ Uterine Perforation					
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration				
Yes Yes	No	ii viable, illedical	reason for termination.				Infection	Retai	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did thi	s terminati	on of pregnancy resu	It in a maternal death?		
						☐ Ye			it in a maternar deatir:		
			Туг	e of Term	ination Procedur	res					
Procedure that Term	ninated P	regnancy		Additional Pr	rocedure that Te	rminated P	regnancy				
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	nge			
	cal) Mer	strual Aspiration				(Surgical) Men (Surgical) Othe					
- Medicai (Saigh	cui) Gui	or (speedy)			- Wedicar	(Surgicur) Sure	л (Бресцу)				
	1)	1 1 6				(G : 1)	·	4 6 11 1			
For Medical (Surgic			0.1					ver the following que			
Was the fetus viab  Yes		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	lete the following quest	ions.	If the previou	is question was a	answered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fet	us given the bes	t opportuni	ty to survive?			
☐ Yes [	No					Yes No					
			regnant woman had a colous impairment to the					that the pregnant wor ath or serious impair			
woman?	roccaure	to avert death of sen	ious impairment to the j	oregnant	woman?	d the procedure	to avert de	atir or serious impair	ment to the pregnant		
					1						
Date last normal me	_		Physic	ian estima	te of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		<b>02/2018</b> e and post fertilization	on age determined?		6			4			
ULTRASOUND											
Full name of physics		rming termination									
_		ning termination (num	mber and street, city, st	ate, and zij	p code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Data D 1	to Dag	if Dationt 1 1	6 (morett 1								
-			6 (month, day, year): _					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 05/30/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 4626	City or	town, of pregna	-		County of pregnancy termination MARION		
Dations 2 state			D-4 C			4:-			
Patient's age** 29	Marrie [	d ☐ Yes ■ No	Date of pregnancy te		Educa	tion	Some Co	ollege, No Degree	
Race American Indian Native Hawaiian Live Births:	or Othe			lack or Afric	can American			y anic or Latino Hispanic or Latino Unknown	
Other Termination	ns: Ni	umber of spontaneou				Numb	per of induced termi	nations 1	
	ns (Do no		ation. If more than six		nost recent.)			·	
1. <b>2015</b>	2.	1	3	<del></del> -	4		5	cation(s) of Pregnancy Termination	
Fetus delivered alive		if yes, length of ti	me fetus survived:				None	Uterine Perforation	
								_	
Fetus viable?		If viable, medical	reason for termination				Hemorrhag	<u> </u>	
☐ Yes ■	No						☐ Infection	Retained Products	
							Other (Spe	cify)	
Pathological examination performed?  If yes, results:									
☐ Yes ■ No							Did this terminati	on of pregnancy result in a maternal death?	
							l les E N	0	
			Ту	pe of Term	ination Procedu	res			
Procedure that Term	ninated Pr	regnancy			Additional Pr	rocedure	e that Terminated P	regnancy	
☐ Medical (Nonsu						rgical) Mifepristor			
Medical (Nonsu  Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec		
■ Medical (Surgical) Suction Curettage								nge	
	cal) Men	strual Aspiration			☐ Medical	(Surgic	al) Menstrual Aspi	ration	
Medical (Surgio	cai) Otne	er (Specify)			Medical	(Surgic	cal) Other (Specify)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous quest	tion was	answered yes, comp	lete the following ques	tions.	If the previou	ıs quest	ion was answered y	es, complete the following questions.	
Was the fetus give	n the bes	t opportunity to surv	vive?		Was the fet	us givei	n the best opportuni	tv to survive?	
☐ Yes [		11 7				Yes [		•	
			regnant woman had a cious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	rocedure	to avert death of ser	ious impairment to the	pregnant	woman?	u ine pi	ocedure to avert de	and of serious impairment to the pregnant	
Date last normal me	_		Physi	cian estima	te of gestation (a	in week:	s) Post fe	ertilization age of the fetus (in weeks)	
How were the gestat		17/2018 e and post fertilization	on age determined?		11			9	
ULTRASOUND									
Full name of physici		rming termination		_					
_		ning termination (nu	mber and street, city, s	tate, and zij	o code)				
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268						
distance —	. =								
-			16 (month, day, year):					_	
DATE RECEIVE	ED BY 1	SDH (month, day,	<i>year</i> ):05/30/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					mination IS	County of pregnancy termination  MARION		
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion				
32	Married ☐ Yes ■ No	05/29/201		Dauca			ool Diploma or GED		
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		an American		known Not l	y anic or Latino Hispanic or Latino		
Live Births:	Number now living	1				er now deceased	0		
Other Termination		0			Numb	er of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	ation. If more than six (6,				5	4		
Fetus delivered alive	1	me fetus survived:		4		Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	, ,					None	☐ Uterine Perforation		
					te Cervical Laceration				
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products		
	110				_				
Pathological examir	nation If yes, results:		Other (Specify)						
performed?									
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
			_						
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	ne .		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spec	ify)		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ige		
Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
- Medicai (Saigi	car) Galer (Speedy)			I Wiedieur	(Burgie	ar) Guier (speety)			
	1) d d			FM-4:1	·C:	1) 1	ver the following question.		
	cal) procedures, answer the fo								
Was the fetus viab	ble or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previous question was answered yes, complete the following question					
Was the fetus give ☐ Yes [	en the best opportunity to surv	rive?			us given Yes [	the best opportuni	ty to survive?		
	_	roomant ryaman had a san	dition	_	_	_	hat the pregnant woman had a condition		
that required the p	s for determination that the parocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	ancec hegan	Physicia	n estimate	e of gestation (i	n wooks	Post fe	ertilization age of the fetus (in weeks)		
	04/03/2018		in estimate	9	n weeks	1 031 10	7		
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?							
1									
	ian performing termination								
DR. CAITLIN BER Address of physicia	n performing termination (nu	mber and street, city, stat	e. and zip	code)					
	WN ROAD, INDIANAPOL	•							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	ED BY ISDH (month, day,	year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268	r town, of pregnancy termin	. 1				
Patient's age**  36  Married  Yes No  Date of pregnancy termination 05/29/2018	Education	Some College, No Degree				
l = = = =	ican American	Ethnicity  Hispanic or Latino				
Native Hawaiian or Other Pacific Islander  ■ White □ Other  Live Births:   Number now living	Unkn Number	now deceased				
Other Terminations: Number of spontaneous terminations	Number	of induced terminations				
Dates of terminations (Do not include this termination. If more than six (6), those	most recent.)	1				
I. UNKNOWN 2. 3.	4	Complication(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:		None Uterine Perforation				
		☐ Hemorrhage ☐ Cervical Laceration				
Fetus viable?  If viable, medical reason for termination:						
i i es 🖪 No		☐ Infection ☐ Retained Products				
Pathological examination	Uther (Specify)					
performed?	_					
Yes No		Did this termination of pregnancy result in a maternal death?  Yes No				
Type of Terr	nination Procedures					
Procedure that Terminated Pregnancy	Additional Procedure th	nat Terminated Pregnancy				
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> </ul>	Medical (Nonsurgi	ical) Miseprestel				
Medical (Nonsurgical) Other (Specify)	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Suction Curettage	Medical (Surgical)	Suction Curettage				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)	☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical)	procedures, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following questions.		was answered yes, complete the following questions.				
Was the fetus given the best opportunity to survive?	Was the fetus given the	ne best opportunity to survive?				
☐ Yes ☐ No	☐ Yes ☐					
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant	that required the proce	or determination that the pregnant woman had a condition edure to avert death or serious impairment to the pregnant				
woman?	woman?					
Date last normal menses began Physician estim	ate of gestation (in weeks)	Post fertilization age of the fetus (in weeks)				
03/26/2018	10	8				
How were the gestational age and post fertilization age determined?  ULTRASOUND						
2						
Full name of physician performing termination						
DR. CAITLIN BERNARD  Address of physician performing termination (number and street, city, state, and z	in code)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	-F 2000)					
**Date Reported to DCS, if Patient under 16 (month, day, year):						
DATE RECEIVED BY ISDH (month, day, year): 05/30/2018						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR		S 8590 GEORGETOWN ROAL	), INDIANAPOLIS, IN, 462	City or	town, of pregna	ncy term			County of pregnar	ncy termination  ARION	
Patient's age**	Mar	ried No	Date of pregnancy	termination	Educa	tion	Hi	gh Scho	ol Diploma or Gi	ED	
Race  American Indian	or A	aska Native	☐ Asian ☐	Black or Afri	can American			Ethnicity			
Native Hawaiiar	or O	her Pacific Islander Number now living		Other		Unk Numbe	er now de		Hispanic or Latino	Unknown	
Other Termination		Number of spontaneou	2 as terminations			Numbe	er of indu	ced termi			
		not include this termin		ix (6), those r					5		
12003		2. 2004	3. <b>2006</b>		<sub>4.</sub> 2009		52	5. <b>2017</b> 6  Complication(s) of Pregnancy Termination			
Fetus delivered alive		If yes, length of tin	ne fetus survived:								
Fetus viable?	NI-	If viable, medical	reason for termination	on:						ical Laceration	
☐ Yes ■	No							nfection	_	ined Products	
Pathological examin	nation	If yes, results:					□ 0	ther (Spec	cify)		
performed?		if yes, results.								<del></del> _	
☐ Yes ■	No						Did this Yes			ult in a maternal death?	
			,	Type of Term	nination Procedu	res					
Procedure that Term	ninated	Pregnancy			Additional P	rocedure	that Terr	ninated Pr	regnancy		
Medical (Nonsu					lifepriston						
		Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
		uction Curettage lenstrual Aspiration						on Curetta trual Aspir			
Medical (Surgio								(Specify)			
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [		ave a post fertilization	age at least 20 week	s?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
		as answered yes, compl	ete the following au	estions				swered ve	es, complete the following	owing questions	
		est opportunity to surv		estions.		•		•	ty to survive?	owing questions.	
Yas the fetus give			140.			Yes		оррогини	ly to survive.		
		etermination that the pr								man had a condition ment to the pregnant	
woman?	roccut	re to avert death of sen	ous impairment to u	ne pregnant	woman?	d the pro	cedure a	o avert dec	an or serious impair	ment to the pregnant	
Date last normal me		egan <b>2/28/2018</b>	Phy	sician estima	nte of gestation (	in weeks)	)	Post fe	rtilization age of the	e fetus (in weeks)	
_	tional	age and post fertilization	n age determined?					I			
ULTRASOUND											
Full name of physic	ian pe	forming termination									
DR. SARAH JULIA	A TUR	NER		-4-4	J. V						
	-	orming termination (num  OAD, INDIANAPOLI		, state, and zi	p code)						
_		CS, if Patient under 1							_		
DATE RECEIVE	ED B	Y ISDH (month, day,	<i>year</i> ): 06/02/2018	<b> </b>					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					ncy teri	mination LE		County of pregnancy termination LAKE		
Patient's age**	Marri	ed	Date of pregnancy terr	mination	Educa	tion					1
21		Yes • No	05/16/20						llege, No Degr	ee	
Race American Indian Native Hawaiian	or Oth		Asian Bla White Oth		can American		ıknown ber now d	Not H	nic or Latino lispanic or Latino	)	Unknown
Live Births:			1					uced termin	0		
Other Termination	15.	Number of spontaneou	1			Nullic	ber of ma	uced termin	0		
Dates of termination	is ( <i>Do n</i>		ation. If more than six (		ost recent.)		5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complic	ation(s) of Pregn	ancy 7	Termination
☐ Yes ■	No				■ None □				☐ Ut	erine l	Perforation
							☐ I	Hemorrhage	e 🔲 Ce	rvical	Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Пі	nfection	□ Re	tained	l Products
	1.0							Other (Spec	_		110000
Pathological examin	Pathological examination								(Jy)		
performed?		ir yes, results.									
☐ Yes ■	No						Did this			esult i	n a maternal death?
		•									
			Тур	e of Termi	nation Procedu	res					
Procedure that Term	inated l	Pregnancy			Additional Pr	rocedure	e that Ter	minated Pro	egnancy		
Medical (Nonsu					//////////////////////////////////////						
Medical (Nonsu		☐ Medical	(Nonsu	rgical) N	/lisoprostol						
Medical (Nonsu	irgicai)	Other ( <i>specify</i> )			Medicai	(INOIISU	irgicai) C	Other (Speci	Jy)		
Medical (Surgion Medica		ction Curettage enstrual Aspiration						on Curettag strual Aspir			
Medical (Surgio	cal) Otl	ner (Specify)						r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following of	questi	on.
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						weeks?
If the previous quest	tion was	answered yes, compl	lete the following questi	ons.	If the previou	ıs quest	ion was a	nswered ye	s, complete the f	ollowi	ing questions.
Was the fetus give ☐ Yes ☐		est opportunity to surv	rive?			us giver Yes [		opportunit	y to survive?		
		· · · · · · · · · · · · · · · · · · ·		1''	_	_					1 1 12
that required the pr			regnant woman had a co ious impairment to the p		that require						n had a condition nt to the pregnant
woman?					woman?						
Date last normal me		gan /12/2018	Physic	ian estimat	e of gestation (a	in week:	s)	Post fer	tilization age of	the fet <b>7</b>	us (in weeks)
How were the gestat		ge and post fertilization	n age determined?		•					-	
ULTRASOUND											
Full name of physici											
			mber and street, city, sto	ate, and zip	code)						
8590 GEORGETO	WN RC	AD, INDIANAPOL	IS, IN 46268								
•			6 (month, day, year): _								
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/02/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	OF MERRILLVILLE	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					nation	County of pregnancy termination LAKE		
Dation (2) shale	T		D-4- C		1 5.1	4:				
Patient's age** 24	Married  • Yes	☐ No	Date of pregnanc 05/	16/2018	Educa	tion		nool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Other Pacific		■ White	Black or Afr. Other	ican American	Unkno		spanic or Latino t Hispanic or Latino  Unknown		
	Number o	of spontaneo	as terminations			Number of	of induced terr	ninations 0		
Other Termination  Dates of termination	15.		0	six (6), those i	nost recent.)			0		
1			3				5	6		
Fetus delivered alive	-	, length of ti	me fetus survived:				Comp	lication(s) of Pregnancy Termination		
☐ Yes ■	No						None	☐ Uterine Perforation		
Fetus viable?	If viol	ble medical	reason for termina	tion:		age Cervical Laceration				
Yes •		oie, illedicai	reason for termina	uon.	☐ Infection ☐ Retained Pro					
Pathological examin	Pathological examination									
performed?	No					-	× 1.11 · . · ·			
l ies 🕒	NO						Yes •	ation of pregnancy result in a maternal death?		
				Type of Tern	nination Procedu	res				
Procedure that Term	ninated Pregnanc	y			Additional Pr	ocedure th	at Terminated	Pregnancy		
☐ Medical (Nons			☐ Medical	(Nonsurgio	cal) Mifeprist	one				
☐ Medical (Nonsi	urgical) Misopro urgical) Other (S	ostol				(Nonsurgio	cal) Misopros	tol		
Medical (Nonsi	urgicar) Other (3	<i>эресцу)</i>			Wedicar	(Ivolisuigit	car) Other (Sp	ectyy)		
	cal) Suction Cur cal) Menstrual A				☐ Medical ☐ Medical	(Surgical) (Surgical)	Suction Cure Menstrual As	ttage piration		
	cal) Other (Spec						Other (Specif			
For Medical (Surgic	cal) procedures, a	inswer the fo	llowing question.		For Medical	(Surgical) p	procedures, an	swer the following question.		
Was the fetus viab ☐ Yes ☐		fertilization	age at least 20 wee	eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answere	ed yes, comp	lete the following o	questions.	If the previous question was answered yes, complete the following questions.					
Was the fetus give		-		-		-		nity to survive?		
☐ Yes [	□ No					Yes	No			
What was the basi that required the p								that the pregnant woman had a condition leath or serious impairment to the pregnant		
woman?		deall of bel	ious impuminent to	tire pregnant	woman?	a are proce		or serious impairment to the program.		
Date last normal me	-		P	hysician estima	ate of gestation (i	in weeks)	Post	fertilization age of the fetus (in weeks)		
How were the gestar	03/26/2018		on age determined?	,	7			5		
ULTRASOUND	uge anu po	ioitiiiZati(	upo dotorimited?							
Full name of physic	-	ermination								
DR. SARAH JULIA Address of physician		mination (	mhar and atmost -:	tu stata and -	in code)					
8590 GEORGETO				ıy, sıare, ana zi	ρ τομε)					
**Date Reported	to DCS, if Pati	ient under 1	6 (month, day, yea	ar):						
DATE RECEIVI	ED BY ISDH (	month, day.	year):06/02/201	18						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or t	own, of pregna	•		County of pregnancy termination LAKE		
	T			T _					
Patient's age** 24	Married ☐ Yes ■ No	Date of pregnancy term 05/16/201		Educa	tion		th, No Diploma		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Un		nnic or Latino Hispanic or Latino		
Live Births:	Number now living	2			Numb	per now deceased	0		
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	*		ost recent.)			-		
Fetus delivered alive	1	me fetus survived:		4		5	cation(s) of Pregnancy Termination		
Yes Yes	, ,	me ietus sui viveu.				■ None	Uterine Perforation		
							_		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_		
☐ Yes ■	No					☐ Infection	Retained Products		
5.1.1.1.1					Other (Spec	cify)			
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this termination  Yes N	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedu	es				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage				(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
i Wedicai (Surgi	car) Other (specify)			Wiedicai	(Surgic	ai) Oulei (specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportuni	ty to survive?		
	s for determination that the p	rognant woman had a gan	dition	_	_	_	hat the pregnant woman had a condition		
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Detail 1						-1 -2 -2			
Date last normal me	onses began 03/15/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7		
	tional age and post fertilization	on age determined?				<u> </u>			
ULTRASOUND									
Full name of physic	ian performing termination						1		
DR. SARAH JULIA	A TURNER								
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip	code)					
JUJU GLUNGETU	NOAD, INDIANAFOL	, 114 40200							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	ED BY ISDH (month, day,	year):06/02/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna	•		County of pregnancy termination LAKE			
D-4:42**	Т	D-46	·	E4	·:					
Patient's age** 29	Married ☐ Yes ■ No	Date of pregnancy term <b>05/16/20</b> 1		Educa	non	Bacl	nelor's Degree			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Othe		an American		Ethnicit Hisp known Not per now deceased	y nanic or Latino Hispanic or Latino Unknown			
Other Termination	Number of spontaneo				Numb	per of induced term	inations			
	as (Do not include this termin	0 nation. If more than six (6,		ost recent.)		5	0			
Fetus delivered alive	e? If yes, length of ti	me fetus survived:		•		Complication(s) of Pregnancy Termination  None Uterine Perforation  Hemorrhage Cervical Laceration				
Fetus viable?  Yes		reason for termination:				☐ Infection ☐ Other (Spe	Retained Products			
Pathological examin performed?						Did this terminat ☐ Yes ■ N	on of pregnancy result in a maternal death?			
		Туре	of Termin	ation Procedur	res					
Procedure that Term	Procedure that Terminated Pregnancy					e that Terminated F	regnancy			
Medical (Nonsu     Medical (Nonsu     Medical (Nonsu		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgion Medical (Surgio		Medical	(Surgic	al) Suction Curette al) Menstrual Asp al) Other (Specify,	iration					
For Medical (Surgic	al) procedures, answer the fo	ollowing question.		For Medical (	Surgica	al) procedures, answ	wer the following question.			
Was the fetus viab ☐ Yes [	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ons.	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [	n the best opportunity to sur  No	vive?			us giver Yes [	the best opportun	ity to survive?			
	s for determination that the procedure to avert death or set						that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	nses began 03/28/2018	Physicia	an estimate	of gestation (i	n weeks	s) Post f	ertilization age of the fetus (in weeks)  5			
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?					<u> </u>			
-										
DR. SARAH JULIA										
	n performing termination (number of the North No		te, and zip	code)						
•	to DCS, if Patient under						_			
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	TICUT STREET,	City or to		ncy termination		County of pregnancy termination LAKE		
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educat	tion				
26		Yes No	05/16/20 <sup>-</sup>					ociate Degree		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber of spontaneou	0 s terminations			Number of ind	uced termi	0 inations		
Other Termination	15.		otton. If more than six (6	) those mo	ost recent )			1		
1. <b>2013</b>	2		3			5	6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					•	None	☐ Uterir	ne Perforation	
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Yes •	No	ii viable, inculcar	reason for termination.				Infection	☐ Retain	ned Products	
							Other (Spec	cify)		
Pathological examin	ation	If yes, results:								
performed?	No				Did this termination of pregnancy result in a maternal death					
					Did this termination of pregnancy result in a maternal de Yes No					
			Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy		
Medical (Nonst						(Nonsurgical) N				
Medical (Nonsu  Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ıge		
	cal) Mer	strual Aspiration			Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration		
ivicultar (Surgio	car) Our	л (Бресцу)			iviculear	(Surgical) Out	т (Бресіду)			
									<del>.</del>	
For Medical (Surgic	_				For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab  Yes		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	is question was a	inswered y	es, complete the follo	owing questions.	
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the feti	us given the best	opportuni	ty to survive?		
Yes [		t opportunity to surv				Yes No	оррогии	ty to survive.		
			egnant woman had a con					that the pregnant won		
woman?	roceaure	to avert death or sen	ous impairment to the pr	egnant	woman?	a the procedure	to avert dea	ath or serious impairs	nent to the pregnant	
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestat		21/2018  and post fertilization	n age determined?		8			6		
ULTRASOUND	nonai age	лана розглениихано	n age acternimeu!							
Full name of physics										
Address of physician			nber and street, city, stat	te, and zin	code)					
8590 GEORGETO	•		•	- Sq.	<i>,</i>					
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_		
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/02/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregna	•		County of pregnancy termination LAKE		
D. C. C. C.	T	D. C	• .•						
Patient's age** 20	Married ☐ Yes ■ No	Date of pregnancy term 05/16/201		Educa	tion		ool Diploma or GED		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe		n American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	1			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 1		
Dates of termination	ns (Do not include this termin	*		st recent.)					
Fetus delivered alive		me fetus survived:	4.			5 Complie	cation(s) of Pregnancy Termination		
Yes •	3,	10:40 541 11:04				■ None	☐ Uterine Perforation		
					e Cervical Laceration				
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	Retained Products		
l les E	140					_	_		
Pathological examin	nation If yes, results:				Other (Spec	cify)			
performed?									
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
			_						
		Туре	of Termin	ation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	(al) Menstrual Aspi (al) Other (Specify)	ration		
Medical (Surgi	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	ai) Other ( <i>specify)</i>			
					· ·				
	cal) procedures, answer the fo				_	_	ver the following question.		
Was the fetus viab  ☐ Yes [	ble or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [	_			_	Yes [	_			
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
D. J.		T =							
Date last normal me	onses began 03/10/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks) 7		
	tional age and post fertilization	on age determined?				l			
ULTRASOUND									
Full name of physic	ian performing termination								
DR. SARAH JULIA	A TURNER								
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip o	code)					
**Date Reported	to DCS, if Patient under	6 (month, day, year):				<del></del>	_		
DATE RECEIVI	ED BY ISDH (month, day,	year): 06/02/2018					_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or to	own, of pregna	•		County of pregnancy termination LAKE				
D-4:4'**	T	D-4 f	.:	Educa	·:				
Patient's age** 20	Married ☐ Yes ■ No	Date of pregnancy term 05/16/20		Educa	tion	High Scho	ool Diploma or GED		
		☐ Asian ☐ Blac ■ White ☐ Other		an American		Ethnicit Hisp known Not eer now deceased	y anic or Latino Hispanic or Latino		
Live Births:	Number of aportoness	1 us terminations			Numh	per of induced term	nations		
Other Termination	ns:   Number of spontaneous   Number of spontaneous	1	) those we	204 112 2014 1	Tvuine	or or madeca term	0		
2013		3		1		5	6		
Fetus delivered alive		me fetus survived:					cation(s) of Pregnancy Termination		
☐ Yes ■	No					■ None	☐ Uterine Perforation		
				te Cervical Laceration					
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:		☐ Infection ☐ Retained Prod					
	110								
D-4b-1	TC 16			Other (Specify)					
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this terminate	on of pregnancy result in a maternal death?		
						L les E l	0		
		Туре	of Termin	nation Procedur	es				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonsi		☐ Medical	(Nonsu	rgical) Mifepristor	ne				
Medical (Nonst	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprosto	1		
ivicultar (1 vonst	urgicur) Other (Specify)			Medicar	(1101130	rgicar) Other (Spec	-037		
	cal) Suction Curettage cal) Menstrual Aspiration					al) Suction Curetta al) Menstrual Asp			
	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, ansv	ver the following question.		
	ole or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
If the previous quest	tion was answered yes, comp	lete the following question	ne	If the previous question was answered yes, complete the following questions					
	•	• •	<i>n</i> 13.	-	•	·			
Was the fetus give Yes [	en the best opportunity to surv  No	/ive?			is giver Yes	the best opportuni	ty to survive?		
What was the basis	s for determination that the p	regnant woman had a con	ndition				hat the pregnant woman had a condition		
that required the property woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				woman.					
Date last normal me	meac hagan	Dkvo:-:-	an actionat	of gestation (i	n 1110 al-	Doot F	ertilization age of the fetus (in weeks)		
Date last normal me	03/10/2018	Physicia	an estimate	9	n week	POST I	7		
_	tional age and post fertilization	on age determined?				ı			
ULTRASOUND									
Eu a									
DR. SARAH JULIA	ian performing termination  A TURNER								
* *	n performing termination (nu	•	code)						
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268							
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year):								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or		ncy termination	l	County of pregnancy termination LAKE		
Patient's age**	Marrie		Date of pregnancy term	nination	Educa	tion				
25		Yes No	05/16/20			ı		ool Diploma or GE	D	
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	Ni	umber of spontaneou	2			Number of inc		nations		
Other Termination	ъ.		1 ation. If more than six (6	() 4h ann m	204 422244 )	runnoer or me	ideed termi	0		
2016	2.		anon. If more than six (6			5		6		
Fetus delivered alive		If yes, length of tin					cation(s) of Pregnanc	on(s) of Pregnancy Termination		
☐ Yes ■ 1	No					■	None	☐ Uterir	ne Perforation	
Estat adalah		Tf 1.1 4: 1					Hemorrhag	ge 🔲 Cervi	cal Laceration	
Fetus viable?  Yes  1	No	ii viable, medical	reason for termination:				Infection	☐ Retair	ned Products	
						Other (Specify)				
Pathological examin	ation	If yes, results:								
performed?	No				Did this termination of pregnancy result in a maternal death?					
103	140								it in a maternal death?	
			Туро	e of Termi	nation Procedu	res				
Procedure that Term	inated Pr	egnancy			Additional Pr	ocedure that Te	rminated P	regnancy		
☐ Medical (Nonsu						(Nonsurgical)				
Medical (Nonsu					☐ Medical ☐ Medical					
Medical (Surgional Control Contro	eal) Suct	ion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	uge		
☐ Medical (Surgio	cal) Men	strual Aspiration			☐ Medical	(Surgical) Mer	strual Aspi	ration		
☐ Medical (Surgio	cal) Othe	er (Specify)			Medical	(Surgical) Othe	er (Specify)			
									_	
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.					
	le or hav	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.	
Was the fetus give		t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?		
		rmination that the n	egnant woman had a cor	adition		_	rmination t	hat the pregnant won	on had a condition	
that required the pr			ous impairment to the p		that require			ath or serious impairr		
woman?					woman?					
Detail :					£	1		-uiti-uit 0.1	£/: 1 )	
Date last normal me	_	an <b>03/2018</b>	Physici	an estimat	e of gestation (i  5	n weeks)	Post fe	ertilization age of the <b>3</b>	ietus ( <i>in weeks</i> )	
How were the gestat	ional age	and post fertilization	n age determined?							
ULTRASOUND										
Full name of physici	an perfo	rming termination								
DR. SARAH JULIA										
	•	•	nber and street, city, sta	te, and zip	code)					
8590 GEORGETO	WN KU	ט, וויטוANAPULI	3, IN 40208							
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE					
Dationt's cook*	T	Data of muomon avi tama	ination	Edwar	tion		1		
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term 05/16/20		Educa	tion	High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American		Ethnicit Hisp known Not per now deceased	anic or Latino Hispanic or Latino   Unknown		
	Number of spontaneous	1 us terminations			Numb	per of induced term	inations		
Other Termination	ns:   The state of	0	) those mo	ost recent )			0		
1		3				5	6		
Fetus delivered alive	e? If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	Uterine Perforation		
						☐ Hemorrhag	ge   Cervical Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products		
						☐ Other (Spe	cifu)		
Pathological examin	nation If yes, results:					☐ Oulei (spe	etyy)		
performed?									
☐ Yes ■	No					Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedur	es				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	ne		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto	l cify)		
_ `				_					
- M 1: 1/6	1) G ( ) G ( )				(G :	1) C .: C			
☐ Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Asp	iration		
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.		
	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	rive?			us giver Yes [	n the best opportuni	ty to survive?		
What was the hasi	s for determination that the p	regnant woman had a con	dition	What was th	ne hasis	for determination	that the pregnant woman had a condition		
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began 02/12/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  10		
How were the gestar	tional age and post fertilization	on age determined?		· <del>-</del>					
ULTRASOUND									
Full name of physic DR. SARAH JULIA	ian performing termination								
	n performing termination (nu	mber and street, city, stat	te, and zip	code)					
	WN ROAD, INDIANAPOL	•							
**Date Reported	to DCS, if Patient under	6 (month, day, year):	<del> </del>				_		
DATE RECEIVE	ED BY ISDH (month, day,	year):06/02/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  City or town, of pregnancy termination MERRILLVILLE  County of pregnancy termination MERRILLVILLE  LAKE								•			
To de all all all all all all all all all al			l D c			.•					
Patient's age** 43	Marrie	d Yes • No	Date of pregnancy term <b>05/16/20</b> 1		Educa	tion		Bache	elor's Degree		
Race American Indian Native Hawaiian Live Births:	n or Alas n or Othe	ka Native	Asian Blac Othe	k or Africa	an American		iknown oer now o	Ethnicity  Hispa	nic or Latino (ispanic or Latino	☐ Unknown	
	N	umber of spontaneou	us terminations			Numb	per of inc	luced termin	onations		
Other Termination	15.	•	0 nation. If more than six (6)	\ 1					1		
2004	18 ( <i>Do no</i>		3		4		5		6		
Fetus delivered alive	e?	T.	me fetus survived:					Complica	ation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■	No				☐ Infection ☐ Retained Products						
								Other (Spec	ify)		
Pathological examin	nation	If yes, results:									
performed?	No				Bilding in the second s						
		Did this termination of pregnancy result in a maternal death ☐ Yes ■ No									
Dung-day day m	in-4 15		Туре	of Termir	Additional Dr		a #1 M	mais et 15	2000		
Procedure that Term		•			Additional Pr				,		
Medical (Nonsi					☐ Medical ☐ Medical	(Nonsu	rgical) I	Mifepristone Misoprostol	•		
Medical (Nonsi								Other (Speci	fy)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgic	al) Suct	ion Curettag	ge		
	cal) Mer	nstrual Aspiration			Medical	(Surgic	al) Men	strual Aspir er (Specify)	ation		
i Wedicai (Surgi	cai) Oui	er (specify)			Wiedicai	(Surgic	ai) Ouic	л (Бресцу)			
For Medical (Surgic	ral) proce	dures answer the fo	llowing question		For Medical	Surgics	al) proce	dures answe	er the following que	stion	
, ,	, 1		age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes		e a post fertilization	age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following questio	ns.	If the previou	is questi	ion was a	answered ye	s, complete the follo	owing questions.	
Was the fetus give		st opportunity to surv	vive?			us giver Yes [		t opportunity	y to survive?		
What was the basi	s for dete	ermination that the p	regnant woman had a con	dition	What was the	he basis	for dete	rmination th	at the pregnant won	nan had a condition	
			ious impairment to the pr							ment to the pregnant	
woman:					woman:						
Date last normal me	_	an <b>01/2018</b>	Physicia	ın estimate	e of gestation (i	n weeks	s)	Post fer	tilization age of the	retus (in weeks)	
How were the gestar			on age determined?								
ULTRASOUND											
Full name of physic DR. SARAH JULIA	_	-									
			mber and street, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
-			16 (month, day, year): \. \. \. \. \. \. \. \. \. \. \. \. \. \								
DATE RECEIVE	ED BY	ISDH (month, day,	year):						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or t	own, of pregna	•		County of pregnancy termination LAKE		
D.C. of Co.	T	l D	• .•	T == -					
Patient's age** 25	Married ■ Yes □ No	Date of pregnancy term 05/16/201		Educa	tion	Some Co	bllege, No Degree		
Race American Indian Native Hawaiian	or Other Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe		an American		known Not l	v anic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	Number now living	2				per now deceased	0		
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	tation. If more than six (6,		ost recent.)		5	6		
Fetus delivered alive		me fetus survived:		*		Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
F	TC : 11 1: 1	C				☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products		
						Other (Spe	cify)		
Pathological examin	nation If yes, results:						•••		
performed?	No					Did this terminati	on of pregnancy result in a maternal death?		
	1.0					Yes N			
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi	ration		
	(				(~ 8	, (op 45),			
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical (	Surgice	al) procedures answ	var the following question		
	_			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes	le or have a post fertilization ☐ No	age at least 20 weeks?			Yes [		inization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [				_	Yes [	_			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	nses began 03/18/2018	Physicia	ın estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6		
	tional age and post fertilization	on age determined?		-			-		
ULTRASOUND									
Full name of above:	ian performing termination								
DR. SARAH JULIA									
	n performing termination (nu		e, and zip	code)					
0030 GEURGEIU	WN ROAD, INDIANAPOL	IS, IN 40200							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVI	ED BY ISDH (month, day,	year):06/02/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MER MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or tov		ncy termination	County of pregnancy termination <b>LAKE</b>				
Patient's age** Marri	ed	Date of pregnancy term	ination	Educat	tion					
21	Yes No	05/16/20					ollege, No Degree			
Race American Indian or Ala Native Hawaiian or Oth		Asian Blac White Othe	k or African er	American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		1			Number of ind		0			
Other Terminations:	Number of spontaneou	1	·		Number of ma	ucea terrir	0			
Dates of terminations (Do n		ation. If more than six (6)		t recent.)	5		6			
Fetus delivered alive?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					1	None	☐ Uterin	e Perforation		
T					— п	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				nfection	☐ Retair	ned Products		
					Other (Spec	cify)				
Pathological examination	If yes, results:					· · · · · · · · · · · · · · · · · · ·	-957			
performed?					B:1.1:			11.10		
☐ Yes ■ No					Did this			It in a maternal death?		
		Туре	of Termina	tion Procedur	es					
Procedure that Terminated I	Pregnancy			Additional Pro	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical)					(Nonsurgical) N					
<ul><li>Medical (Nonsurgical)</li><li>Medical (Nonsurgical)</li></ul>					(Nonsurgical) N (Nonsurgical) C					
Medical (Surgical) Suc	ction Curettage		-	☐ Medical	(Surgical) Sucti	on Curetta	ge.			
☐ Medical (Surgical) Me	enstrual Aspiration				(Surgical) Mens	strual Aspi				
Medical (Surgical) Otl	her (Specify)			Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) proc	edures, answer the fo	llowing question.	]	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ha ☐ Yes ☐ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	s answered yes, compl	lete the following question	ons.	If the previous	s question was a	nswered y	es, complete the follo	wing questions.		
Was the fetus given the be ☐ Yes ☐ No	est opportunity to surv	rive?			us given the best	opportuni	ty to survive?			
				_	_					
What was the basis for det that required the procedure							hat the pregnant won ath or serious impairs			
woman?				woman?						
			1							
Date last normal menses be	gan <b>)3/2018</b>	Physicia	an estimate o	of gestation (ii	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational ag		on age determined?				1				
ULTRASOUND										
En clivic	,									
Full name of physician performing termination DR. SARAH JULIA TURNER										
Address of physician perfor		•	te, and zip co	ode)						
8590 GEORGETOWN RC	DAD, INDIANAPOL	IS, IN 46268								
**Date Reported to DCS	S. if Patient under 1	6 (month day year)								
DATE RECEIVED BY							_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE						
Patient's age**	Marrie	ad I	Date of pregnancy	terminatio	on Fd	ucat	ion						
20		Yes No		3/2018	,,,	avac	.011	Н	ligh Scho	ol Diple	oma or G	ED	
Race American Indian Native Hawaiian Live Births:	or Othe		■ White	Black or A Other	African America	n		known er now d	Ethnicity Hispa Not H	nnic or L Hispanic	or Latino		Unknown
	N	Jumber of spontaneou	1 s terminations				Numb	er of ind	uced termi		0		
Other Termination	15.	ot include this termin	0	sir (6) that	se most recent )						0		
1			3					5			6		
Fetus delivered alive		If yes, length of tin	me fetus survived:						Complic	cation(s)	of Pregnar	псу Т	Cermination
☐ Yes ■	No								None		☐ Ute	rine l	Perforation
Fetus viable?				_ l	Hemorrhag	e	☐ Cer	vical	Laceration				
Fetus viable?  Yes No  If viable, medical reason for termination:									Infection		☐ Reta	ained	Products
								П	Other (Spec	eify)			
Pathological examin			_	(~ <sub>I</sub> · ·	957								
performed?				<del></del>									
☐ Yes ■				Did thi			egnancy res	sult i	n a maternal death?				
				Type of Te	ermination Proc	edure	es						
Procedure that Term	ninated F	Pregnancy			Additiona	l Pro	ocedure	that Ter	minated Pr	egnancy	/		
Medical (Nonsu	urgical)	Mifepristone			□ Medi	cal (	Nonsui	rgical) N	Mifepriston	e			
Medical (Nonsu  Medical (Nonsu	urgical)	Misoprostol			☐ Med	cal (	Nonsu	rgical) N	Misoprostol Other (Spec				
iviedicai (Nonst	ingicai)	Other (specify)			Li Medi	cai (	Nonsul	igicai) (	Julei (Spec	ijy)			
Medical (Surgion Medica		tion Curettage nstrual Aspiration							ion Curetta strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)							r (Specify)				
For Medical (Surgic	al) proce	edures, answer the fol	llowing question.		For Medie	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 week	ks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was	answered yes, compl	ete the following qu	uestions.	If the prev	ious	questi	on was a	ınswered ye	es, comp	olete the fol	llowi	ng questions.
Was the fetus give ☐ Yes ☐		st opportunity to surv	ive?				s given		opportunit	y to sur	vive?		
		· · · · · · · · · · · · · · · · · · ·		11.1			_	_	• .• .•				1 1 10
that required the pr		ermination that the pre- to avert death or seri			nt that requ	iired							had a condition nt to the pregnant
woman?					woman	,							
Date last normal me		gan /22/2018	Ph	ysician esti	imate of gestation	n (ir	ı weeks	·)	Post fe	rtilizatio	on age of th		us (in weeks)
How were the gestat		e and post fertilization	n age determined?		<del></del>								
ULTRASOUND													
Full name of physici													
		ning termination (num	mber and street, city	y, state, and	d zip code)								
8590 GEORGETO	WN RO	AD, INDIANAPOLI	S, IN 46268										
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year	r):						-			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/02/2018	В									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address O of Indiana (lafayette) - 964 N	MEZZANINE DRIVE,	City or town,		ncy terr		County of pregnancy termination  TIPPECANOE		
, , ,			1				1		
Patient's age**	Married	Date of pregnancy term		Educat	ion	_	andria Dani		
Race	☐ Yes ■ No	05/16/20	18			Ass Ethnici	sociate Degree		
American Indian	n or Alaska Native n or Other Pacific Islander	= =	k or African Ar	nerican	Пп	☐ His	panic or Latino		
Live Births:	Number now living		er			known Not ber now deceased	Hispanic or Latino Unknown		
Other Termination	Number of spontaneo	us terminations			Numb	per of induced tern			
	ns (Do not include this termin	0 nation. If more than six (6	), those most re	cent.)			1		
1. UNKNOWN	2	3	4			5	6		
Fetus delivered alive	, ,	ime fetus survived:				Compl	ication(s) of Pregnancy Termination		
☐ Yes ■	INO			■ None ☐ Uterine Perfo					
Fetus viable?	If viable medical	reason for termination:		Hemorrhage Cervical Laceration					
Yes •		reason for termination.				☐ Infection	☐ Retained Products		
				Other (Sp	ecify)				
Pathological examin	nation If yes, results:								
performed?	No					Did this tormina	tion of pregnancy result in a maternal death?		
				Yes I	1 6 7				
		Туре	of Termination	Procedur	es				
Procedure that Term	ninated Pregnancy		Ado	litional Pr	ocedure	e that Terminated	Pregnancy		
Medical (Nonsu	urgical) Mifepristone		l <sub>n</sub>	Medical	(Nonsu	rgical) Mifepristo	ne		
Medical (Nonst	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprost rgical) Other (Spe	ol		
iviedicai (Nolist	urgical) Other (specify)			Medical	(INOIISU	igical) Other (Spe	ccijy)		
	cal) Suction Curettage cal) Menstrual Aspiration			Medical Medical	(Surgic	<ul><li>al) Suction Curet</li><li>al) Menstrual Asp</li></ul>	age		
	cal) Other (Specify)		🗖	Medical	(Surgic	al) Other (Specify	)		
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.	For	Medical (	Surgica	al) procedures, ans	wer the following question.		
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
	tion was answered yes, comp	olete the following question	ons. If the				yes, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur  No	vive?	W		ıs given Yes [	the best opportur  No	ity to survive?		
What was the basis	s for determination that the p	oregnant woman had a cor	ndition W	hat was th	e basis	for determination	that the pregnant woman had a condition		
	rocedure to avert death or ser		regnant th				eath or serious impairment to the pregnant		
woman:			W	oman:					
D. I.		1							
Date last normal me	nses began 03/21/2018	Physicia	an estimate of g	estation (ii 8	n weeks	Post:	fertilization age of the fetus (in weeks)  6		
How were the gestat	tional age and post fertilization	on age determined?				1			
ULTRASOUND									
Full name of physics DR. SARAH JULIA	ian performing termination  A TURNER								
	n performing termination (nu	umber and street, city, sta	te, and zip code	)					
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268							
**Date Reported	to DCS, if Patient under	16 (month, day, year):							
DATE RECEIVE	ED RV ISDH (month day	vagr). 06/02/2018							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town,	of pregnan	cy termination		County of pregnancy termination <b>LAKE</b>			
Patient's age** 27	Married Yes No	Date of pregnancy term <b>05/16/20</b> ?		Education	on	Bach	elor's Degree			
Race American Indian Native Hawaiian Live Births:			k or African Aı			Ethnicity Hispa Not H				
Other Termination	Number of spontaneo				Number of induc	ced termin	nations			
Dates of termination	l as (Do not include this termin 2 <b>2017</b>			ecent.)	5		1			
Fetus delivered alive		ime fetus survived:	4		5	Complic	ration(s) of Pregnancy Termination			
☐ Yes ■	No				■ No	one	☐ Uterine Perforation			
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Lace						
Yes Yes		reason for termination:		☐ Infection ☐ Retained Products						
					☐ Ot	her (Spec	rify)			
Pathological examin	nation If yes, results:									
performed?			Did this t	termination	on of pregnancy result in a maternal death?					
				☐ Yes	■ No					
		Type	e of Termination	n Procedure	•					
Procedure that Term	ninated Pregnancy	1,500			cedure that Term	ninated Pr	egnancy			
	urgical) Mifepristone				Nonsurgical) Mi					
☐ Medical (Nonsu	urgical) Misoprostol urgical) Other (Specify)			Medical (1	Nonsurgical) Mi Nonsurgical) Otl Nonsurgical) Otl	soprostol				
i Wedicai (Nonst	digical) Other (specify)			Medicai (i	(Nonsurgical) Ou	nei (spec	yy)			
Madical (Symple	cal) Suction Curettage		_	Madical (	Cumpinal) Cuntin	n Cumatta				
Medical (Surgio	cal) Menstrual Aspiration			Medical (S	Surgical) Suction Surgical) Menstr	rual Aspii				
Medical (Surgio	cal) Other (Specify)			Medical (	Surgical) Other (	(Ѕресіƒу)				
	-1) d d		<u></u>	M-4:1 (C	S:1\ 4		4- 6-11			
	eal) procedures, answer the fo			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?	"		es  No	i post tert	ilization age at least 20 weeks?			
If the previous quest	tion was answered yes, comp	olete the following question	ons. If the	he previous	question was ans	swered ye	es, complete the following questions.			
Was the fetus give	n the best opportunity to sur No	vive?	W	as the fetus	s given the best o es  No	pportunit	y to survive?			
	s for determination that the p						nat the pregnant woman had a condition			
that required the process woman?	rocedure to avert death or ser	rious impairment to the pr	-	at required oman?	the procedure to	avert dea	th or serious impairment to the pregnant			
Date last normal me	•	Physicia	an estimate of g		weeks)	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat	02/21/2018 tional age and post fertilization	on age determined?		13			11			
ULTRASOUND	nonar age and post reranzati	on age determined.								
Full name of physici	ian performing termination A TURNER									
	n performing termination (nu	umber and street, city, stat	te, and zip code	•)						
8590 GEORGETO	WN ROAD, INDIANAPOL	LIS, IN 46268								
**Date Reported	to DCS, if Patient under	16 (month, day, vear):								
-	ED RV ISDH (month day						-			

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address O of Indiana (lafayette) - 964 N	MEZZANINE DRIVE,	City or town		ncy teri		County of pregnancy termination  TIPPECANOE				
, , ,			1								
Patient's age**	Married	Date of pregnancy term	nination	Educa	tion						
19	☐ Yes ■ No	05/09/20	18					llege, No Degree			
Race American Indian	n or Alaska Native	☐ Asian ☐ Blac	k or African A	merican		Ethnicity Hispanic or Latino					
Native Hawaiiar	n or Other Pacific Islander	■ White ☐ Othe	er			ıknown	Not H	ispanic or Latino Unknown			
Live Births:	Number now living	0				per now dece		0			
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced	d termin	ations 0			
Dates of termination	ns (Do not include this termin			ecent.)		,		,			
Fetus delivered alive	1	ime fetus survived:	4			s	Complica	ation(s) of Pregnancy Termination			
Yes •	, ,	ine retus sur vivea.			☐ Uterine Perforation						
Fetus viable?	If viable, medical				Hem	orrhage	Cervical Laceration				
☐ Yes ■				☐ Infe	ction	☐ Retained Products					
					Othe	er (Speci	(fy)				
Pathological examin	nation If yes, results:										
performed?	N-										
☐ Yes ■				Did this ter	rminatio No	n of pregnancy result in a maternal death?					
	•										
		Туре	of Terminatio	n Procedu	res						
Procedure that Term	ninated Pregnancy		Ad	ditional Pr	ocedure	e that Termin	nated Pre	egnancy			
<ul> <li>Medical (Nonsu</li> </ul>	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mife rgical) Miso	prostol				
Medical (Nonsu	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)							
Medical (Surgio	cal) Suction Curettage		<sub></sub>	Medical	(Surgic	cal) Suction (	Curettag	ge ge			
	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgic	cal) Menstrua cal) Other (Sp	al Aspir	ation			
iviedicai (Suigi	car) Other (specify)			Medicai	(Surgic	ai) Ouiei (5)	ресіју)				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	Fo	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	tion was answered yes, comp	olete the following question	ons. If t	he previou	ıs questi	ion was answ	vered ye	s, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	v		us giver Yes [	n the best opp	portunity	y to survive?			
	_	waanant waman bada	ndition V	_		<del>_</del>	nation 41-	at the pregnant woman had a condition			
that required the p	s for determination that the procedure to avert death or ser		regnant tl	nat require				at the pregnant woman had a condition the or serious impairment to the pregnant			
woman?			V	voman?							
Date last normal me	-	Physicia	an estimate of g	gestation (i	in weeks	s)	Post fer	tilization age of the fetus (in weeks)			
77	03/07/2018			8				6			
How were the gestat	tional age and post fertilization	on age determined?									
Full name of physic	ian performing termination										
DR. SARAH JULIA											
	n performing termination (nu	•	te, and zip code	e)							
8590 GEORGETO	WN ROAD, INDIANAPOL	.IS, IN 46268									
**Date Reported	to DCS, if Patient under	16 (month, day, year):									
DATE DECENU	ED RV ISDH (month day	war). 06/02/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOOD O LAFAYETTE, IN, 47905		IA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or town, of pregnancy termination <b>LAFAYETTE</b>					County of pregnancy termination TIPPECANOE			
	Marrie		Date of pregnancy term	nination	Educa	tion						
Race		Yes No	05/16/20	18				Some Co Ethnicity	llege, No Deg	ree		
American Indian o	or Other		Asian Blace Other	ck or African	n American		known er now d	Hispa  Not H	nic or Latino Hispanic or Latir	10	Unknown	
Live Births:			0					uced termir	0			
Other Terminations:	•	imber of spontaneou	0	-		Nullio	er or ma	uced termin	0			
Dates of terminations	(Do no.		ation. If more than six (6		t recent.)		5.		6.			
Fetus delivered alive?		If yes, length of ti						Complic	ation(s) of Preg	nancy	Termination	
☐ Yes ■ No	0						<b>■</b> 1	None	□ t	Iterine	Perforation	
							□ I	Hemorrhage	e 🗆 C	Cervica	al Laceration	
Fetus viable?  Yes No								nfection	□ R	Letaine	ed Products	
								Other (Spec	_			
Pathological examinat	tion	If yes, results:						ouici (spec	ijy)			
performed?												
Yes N	■ No							s terminations		result	in a maternal death?	
Type of Termination Procedures												
Procedure that Termin	egnancy	Additional Pr	ocedure	e that Ter	minated Pr	egnancy						
☐ Medical (Nonsur	gical) I	Mifenristone			☐ Medical	(Nonsu	rgical) N	/lifepristone				
Medical (Nonsur	gical) I	Misoprostol				(Nonsu	rgical) N	Aisoprostol Other (Speci				
iviedicai (Ivolisui)	gicai) (	other (specify)			Wiedicar	(140lisu	igicai) C	other (speci	99)			
Medical (Surgica Medical (Surgica								on Curettag strual Aspir				
Medical (Surgical	l) Othe	er (Specify)			☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	) proce	dures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable ☐ Yes ■		e a post fertilization	age at least 20 weeks?			us viabl Yes [		a post ferti	ilization age at l	east 2	0 weeks?	
If the previous question	on was a	answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was a	nswered ye	es, complete the	follov	ving questions.	
Was the fetus given ☐ Yes ☐		t opportunity to surv	rive?			us giver Yes [		opportunit	y to survive?			
What was the basis f	for dete	rmination that the pr	regnant woman had a cor	ndition	What was tl	ne basis	for deter	mination th	nat the pregnant	woma	an had a condition	
			ious impairment to the p								ent to the pregnant	
woman:					woman:							
Data last seem 1	L		l mi · ·	om ogstim t	of cost-ti	1	~ )	DC	utilianti	C 41- : C	otno (inL.)	
Date last normal mens		n 1 <b>5/2018</b>	Physici	an estimate (	of gestation (i	n weeks	<i>s)</i>	Post fer	rtilization age of	the for <b>10</b>	etus (in weeks)	
How were the gestation	onal age	and post fertilization	on age determined?					1				
ULTRASOUND												
E-11.												
Full name of physician DR. SARAH JULIA												
Address of physician p	perform	ing termination (nu	mber and street, city, sta	te, and zip c	ode)							
8590 GEORGETOW	N ROA	AD, INDIANAPOL	IS, IN 46268									
**Date Reported to	DCS.	if Patient under 1	6 (month, day, year):									
DATE RECEIVE												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNEC MERRILLVILLE, IN, 46410	TICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE			
Patient's age** Married	Date of pregnancy termi	ination	Educa	tion						
21	05/16/201				Н		ol Diploma	or GED	)	
Native Hawaiian or Other Pacific Islander	Asian Black White Other	c or African Am	nerican		known er now d	Not H	nic or Latino lispanic or La		☐ Unknown	
Live Births:	1					uced termin	0			
Other Terminations:  Number of spontaneous	0			Nullib	er or mai	iced termin	0			
Dates of terminations (Do not include this termina	tion. If more than six (6)		ent.)		5.			6.		
Fetus delivered alive? If yes, length of tin						Complic	ation(s) of Pr	regnancy	Termination	
☐ Yes ■ No					■ N	None		Uterine	e Perforation	
					□ I	Hemorrhage	. 🗆	Cervic	al Laceration	
Fetus viable? If viable, medical r				□ I:	nfection	П	Retain	ed Products		
				Other (Spec	if <sub>v</sub> )					
Pathological examination If yes, results:					outer (spec	997				
performed?										
☐ Yes ■ No				Did this			cy result	in a maternal death?		
Type of Termination Procedures										
Procedure that Terminated Pregnancy	Add	itional Pr	ocedure	that Ter	minated Pro	egnancy				
Medical (Nonsurgical) Mifepristone			Medical	(Nonsu	rgical) N	lifepristone	,			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			Medical	(Nonsu	rgical) M	Iisoprostol Other (Speci				
Medical (Ivolisuigical) Other (Specify)			Wieuicai	(140IISU	igicai) C	nner (speci	<i>(y)</i>			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						on Curettag strual Aspir				
☐ Medical (Surgical) Other (Specify)			Medical	(Surgic	al) Other	(Specify)				
For Medical (Surgical) procedures, answer the foll	lowing question.	For	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization a ☐ Yes ☐ No	age at least 20 weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						0 weeks?	
If the previous question was answered yes, complete	ete the following question	ns. If the	e previou	s questi	on was a	nswered ye	s, complete t	he follow	wing questions.	
Was the fetus given the best opportunity to survi  ☐ Yes ☐ No	ve?	Wa		us given Yes [		opportunit	y to survive?			
What was the basis for determination that the pre-	egnant woman had a cond	dition WI	hat was th	ne basis	for deter	mination th	at the pregna	ant wom:	an had a condition	
that required the procedure to avert death or serie		egnant tha	t require						ent to the pregnant	
woman?		wo	man?							
Dota lost nome-1	l ps · ·	n ootieer ( C	otet: (		-1	D. + C	#ili=-#		otno (ist.)	
Date last normal menses began 03/15/2018	Physicia	n estimate of ge	estation (i <b>8</b>	n weeks	i)	Post fer	unzation age	e of the f	etus (in weeks)	
How were the gestational age and post fertilization	n age determined?					1				
ULTRASOUND										
Fellows of Living Control										
Full name of physician performing termination DR. SARAH JULIA TURNER										
Address of physician performing termination (num	•	e, and zip code)								
8590 GEORGETOWN ROAD, INDIANAPOLIS	S, IN 46268									
**Date Reported to DCS, if Patient under 10	6 (month day year)									
DATE RECEIVED BY ISDH (month, day, y										

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t		ncy termination	County of pregnancy termination <b>LAKE</b>				
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion					
40		Yes No	05/16/20	18		H		ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	4 us terminations			Number of inc		0 inations			
Other Termination	15.		ation. If more than six (6	) those m	ost recent )			1			
1. UNKNOWN	2		3			5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No						None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes •	ii viabie, medicai	reason for termination.			Infection	☐ Retain	ned Products				
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did thi	s terminati	on of pregnancy resu	It in a maternal death?		
						☐ Ye			n in a maternar death.		
			Туре	of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsu						(Nonsurgical)					
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suc	ion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	nge			
☐ Medical (Surgion Med		strual Aspiration				(Surgical) Men (Surgical) Othe					
	,	(~ <i>F</i> 9,7)				(0.1-8-1-1)	- (~F55)				
For Medical (Surgic	-1)	1 4. C.	1			(C:-1)	1	4- 6-11			
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav  No	e a post fertilization	age at least 20 weeks?			us viable or have Yes  \text{No}	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following questio	ns.	If the previou	s question was a	answered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	t opportunity to surv	ive?		Was the fett	us given the bes	t opportuni	ty to survive?			
☐ Yes [	☐ No	•			_ Y	Yes No					
			regnant woman had a con ous impairment to the pr					that the pregnant won ath or serious impairs			
woman?	roccaure	to avert death of ser	ous impairment to the pr	egnant	woman?	a the procedure	to avert de	an or serious impair	nent to the pregnant		
					<u> </u>						
Date last normal me	_		Physicia	ın estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		13/2018 e and post fertilization	n age determined?		10			8			
ULTRASOUND		<u>-</u>	- 			_					
	Full name of physician performing termination DR. SARAH JULIA TURNER										
			nber and street, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	S, IN 46268								
**D . D	t- DCC	ich-ii									
•			6 (month, day, year):								
DATE RECEIVE	ED BY	SDH (month, day,	year): 06/02/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or tov		ncy termination	County of pregnancy termination <b>LAKE</b>						
Patient's age** Married Date of pregnancy t	termination	Educat	tion							
20	/2018				llege, No Degree					
Native Hawaiian or Other Pacific Islander White	Black or African Other	American	Unknown Number now d	Not H	nic or Latino Hispanic or Latino	Unknown				
Number of greateneous terminations			Number of inde		0					
Other Terminations:    Number of spontaneous terminations   0	. (6) these week	(	runioer of mu		0					
Dates of terminations (Do not include this termination. If more than st.  1			5		6					
Fetus delivered alive? If yes, length of time fetus survived:				Complic	ation(s) of Pregnancy	y Termination				
☐ Yes ■ No			■ N	None	☐ Uterin	e Perforation				
Fetus viable? If viable, medical reason for termination	n:		D	Hemorrhage	e 🔲 Cervic	cal Laceration				
Yes No		□ I	nfection	☐ Retain	ned Products					
			Other (Spec	ify)						
Pathological examination										
performed?  Yes No			Did this	s terminatio	on of pregnancy resul	It in a maternal death?				
			☐ Yes			a in a maternar deadi.				
Т	Type of Terminat	tion Procedur	res							
Procedure that Terminated Pregnancy	A	Additional Pr	ocedure that Ter	minated Pr	egnancy					
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol	ן ן		(Nonsurgical) M (Nonsurgical) M							
Medical (Nonsurgical) Misoprostoi  Medical (Nonsurgical) Other (Specify)			(Nonsurgical) N							
Medical (Surgical) Suction Curettage	<u> </u>		(Surgical) Sucti							
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)	] [		(Surgical) Mens (Surgical) Other		ration					
For Medical (Surgical) procedures, answer the following question.	<u>-</u>	For Medical (	Surgical) proced	ures answ	er the following ques	stion				
Was the fetus viable or have a post fertilization age at least 20 weeks		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?								
Yes No	9.		res    No	a post tert	inzation age at least 2	20 weeks?				
If the previous question was answered yes, complete the following que	estions.	If the previou	s question was a	nswered ye	es, complete the follo	wing questions.				
Was the fetus given the best opportunity to survive?			us given the best	opportunit	y to survive?					
☐ Yes ☐ No		_	les □ No							
What was the basis for determination that the pregnant woman had a that required the procedure to avert death or serious impairment to the					nat the pregnant wom th or serious impairn					
woman?		woman?	-							
Date last normal menses began Phys. 03/31/2018	sician estimate o	of gestation (i	n weeks)	Post fer	rtilization age of the	fetus (in weeks)				
How were the gestational age and post fertilization age determined?										
ULTRASOUND										
Full name of physician performing termination DR. SARAH JULIA TURNER										
Address of physician performing termination (number and street, city,	state, and zip co	ode)								
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
**Date Reported to DCS, if Patient under 16 (month, day, year)	. — <del>— — —</del>									
DATE RECEIVED BY ISDH (month, day, year): 06/02/2018					-					

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	(	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination <b>LAKE</b>						
Patient's age**	Marrie	d I	Date of pregnanc	cy termina	ation	Educa	tion						$\overline{}$
25		Yes No		16/2018						llege, No	Degree		
Race American Indian Native Hawaiian	or Othe		Asian White	Black o	or African A	American		known er now d	■ Not H	nnic or Latin		Unknown	
Live Births:	N	umber of spontaneou	0						uced termir	0			
Other Termination	15.		0	: (6)	7		INUIII	oei oi iliu	ucea terrini	0			
Dates of termination	is ( <i>Do no</i>		ation. If more than			recent.)		5			6		
Fetus delivered alive		If yes, length of ti							Complic	ation(s) of I	Pregnancy	Termination	
☐ Yes ■	No							<b>■</b> 1	None		Uterin	e Perforation	
5		70						I	Hemorrhage	e [	Cervic	al Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termina	ition:					nfection		Retain	ed Products	
									Other (Spec	rify)			
Pathological examin					· · · · · · · · · · · · · · · · · · ·	327							
performed?								D:1.1:					
☐ Yes ■ No								Did this			ıncy resul	t in a maternal dea	ith?
	f Terminati	on Procedu	res										
Procedure that Term	inated P	regnancy			A	dditional Pr	ocedure	e that Ter	minated Pr	egnancy			
Medical (Nonsu	urgical)	Mifepristone							//////////////////////////////////////				
Medical (Nonsu Medical (Nonsu									Aisoprostol Other (Speci				
	, ,	(-F 95)				•		8 / -	(-1	327			
Medical (Surgio	anl) Suga	tion Curattaga			_	Medical (Surgical) Suction Curettage							_
Medical (Surgio	cal) Mer	nstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspir				
Medical (Surgio	cal) Oth	er (Specify)			L	] Medical	(Surgic	al) Othe	r (Specify)				
												_	
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		Fo	or Medical	Surgica	al) proced	lures, answ	er the follow	wing ques	tion.	
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 wee	eks?			us viabl Yes [		a post ferti	ilization age	e at least 2	20 weeks?	
If the previous quest	ion was	answered yes, compl	ete the following o	questions.	. If	the previou	s quest	ion was a	nswered ye	es, complete	the follo	wing questions.	
Was the fetus give		st opportunity to surv	ive?				us givei Yes [		opportunit	y to survive	?		
What was the basis	s for dete	ermination that the pr	eonant woman had	d a condit	tion	_	_	_	mination th	nat the nreg	nant wom	an had a condition	,
		to avert death or ser			nant							ent to the pregnan	
woman :						woman (							
Date last normal me	nees has	an	ni ni	hycioian	ectimata of	gestation (a	n wool-	e)	Doct for	rtilization a	ge of the	etus (in weeks)	
Date last normal me	_	an 12/2018		nysiciali (	commate 01	8	п wеек:	· <i>)</i>	rost iei	iunzauon aļ	ge of the f	icius (in weeks)	
How were the gestat	tional ag	e and post fertilization	n age determined?	?					·				
ULTRASOUND													
Full name of physici													
DR. SARAH JULIA	TURN	ER											
Address of physician 8590 GEORGETO	•			ity, state, d	and zip cod	le)							
JUJU GLUNGETU	NO.	no, indianaruli	, IIV 70200										
**Date Reported to DCS, if Patient under 16 (month, day, year):										_			
DATE RECEIVE						_							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or to		ncy termination		County of pregnancy termination LAKE			
Patient's age** Married Date of pregnancy	termination	Educat	tion					
33	6/2018			_	ol Diploma or GED			
Native Hawaiian or Other Pacific Islander ■ White	Black or Africa Other	nn American	Unknown Number now d	Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births: 2			Number of indu		0			
Other Terminations:  Number of spontaneous terminations 0	: (6) 1		Number of mu	iced termin	1			
Dates of terminations (Do not include this termination. If more than so 1. UNKNOWN 2 3			5		6			
Fetus delivered alive? If yes, length of time fetus survived:				Complic	cation(s) of Pregnancy	Termination		
☐ Yes ■ No			■ N	Vone	☐ Uterine	Perforation		
			I	Iemorrhag	e	l Laceration		
Fetus viable? If viable, medical reason for termination of the second of	on:			nfection	☐ Retaine	d Products		
				Other (Spec	~ifv)			
Pathological examination If yes, results:				outer (spec	-957			
performed?								
☐ Yes ■ No			Did this		on of pregnancy result	in a maternal death?		
			•					
,	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pro	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) M	lifepriston	e			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		■ Medical	(Nonsurgical) M (Nonsurgical) O	lisoprostol	[			
Medical (Nonsulgical) Office (Speedy)		Niculear	(Ivolisuigical)	ther (spec	99)			
		Medical (Surgical) Suction Curettage						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Mens	trual Aspi				
☐ Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgical) procedures, answer the following question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20 weeks  ☐ Yes ☐ No	s?		us viable or have Yes   No	a post fert	cilization age at least 20	) weeks?		
If the previous question was answered yes, complete the following qu	estions.	If the previous	s question was a	nswered ye	es, complete the follow	ing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunit	ty to survive?			
What was the basis for determination that the pregnant woman had a	a condition	What was th	ne basis for deter	mination t	hat the pregnant woma	n had a condition		
that required the procedure to avert death or serious impairment to the woman?					nth or serious impairme			
		woman:						
Data last normal mansas bagan	eciaian actimat-	of gostation (	n waaks)	Post f-	rtilization ago of the f-	tus (in waaka)		
Date last normal menses began Phy 03/19/2018	ysician estimate	of gestation ( <i>u</i>	n weeks)	Post ie	rtilization age of the fe  5	tus ( <i>in weeks)</i>		
How were the gestational age and post fertilization age determined?								
ULTRASOUND								
Full name of physician performing termination								
DR. SARAH JULIA TURNER								
Address of physician performing termination (number and street, city,	, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, year,	)•							
DATE RECEIVED BY ISDH (month, day, year): 06/02/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					town, of pregna	ncy termination	County of pregnancy ter				
Patient's age** 27	Marrie [	ed Yes • No	Date of pregnancy te 05/16/2		Educat	So	ne College, No Degree				
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ B☐ White ☐ O		can American	Unknown •	1	Unknown			
Live Births:	N	umber now living	2			Number now dece	sed <b>0</b>				
Other Termination	ns: N	umber of spontaneou	us terminations 0			Number of induce	terminations 0				
Dates of termination			ation. If more than six		ŕ	5	6				
Fetus delivered alive		1	me fetus survived:		4	J	omplication(s) of Pregnancy Ter	mination			
☐ Yes ■	No					■ Non	☐ Uterine Per	rforation			
						— ☐ Hen	orrhage	aceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination	:			_				
	110						(Specify)	roducts			
Pathological examin	nation	If yes, results:					(Бресцу)				
performed?		ir yes, results.									
☐ Yes ■	No					Did this ter	nination of pregnancy result in a  No	n maternal death?			
			Ту	pe of Term	ination Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Termin	ited Pregnancy				
Medical (Nonsi						(Nonsurgical) Mife					
☐ Medical (Nons) ☐ Medical (Nons)						(Nonsurgical) Miso (Nonsurgical) Othe					
■ Medical (Surgi	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suction	urettage				
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) Menstru (Surgical) Other (S	l Aspiration				
- Wedicai (Surgi	car) Our	ci (specify)			Wiedlean	(Surgical) Office (5)	ecgy)				
- M 1: 1/G :	1)	1 .1 .6	11			g ' 1) 1	4 6 11				
For Medical (Surgic			• •				, answer the following question.				
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?	•		is viable or have a p les   \text{No}	ost fertilization age at least 20 w	eeks?			
If the previous quest	tion was	answered yes, comp	lete the following ques	stions.	If the previou	s question was answ	ered yes, complete the following	questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us given the best opp	ortunity to survive?				
	<del></del>	e e e e e		11.1		_	a a a	1 11.1			
that required the p			regnant woman had a c ious impairment to the		that required		ation that the pregnant woman hert death or serious impairment				
woman?					woman?						
Data last as 1	mas - 1			laian'	to of activity of	managha)	Post fautilization Cd C	(in marter)			
Date last normal me	03/	05/2018		ician estima	te of gestation (in	n weeks)	Post fertilization age of the fetus  8	(in weeks)			
How were the gestar	tional ag	e and post fertilization	on age determined?								
ULTRASOUND											
Full name of physic	ian perfo										
DR. SARAH JULIA	A TURN	ER	1 1		7.						
Address of physician 8590 GEORGETO	-	-	mber and street, city, s IS, IN 46268	rate, and zij	o coae)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVI	ED BY	ISDH (month, day,	year):06/02/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE		
	T	[ n							
Patient's age** 25	Married ☐ Yes ■ No	Date of pregnancy term <b>05/16/201</b>		Educa	tion	Some Co	bllege, No Degree		
Race American Indian Native Hawaiian	n or Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe		an American		known Not	/ anic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	Number now living	0			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	*		ost recent.)					
Fetus delivered alive	1	me fetus survived:		4		5 Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	, ,					■ None	☐ Uterine Perforation		
						☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products		
				Other (Specify)					
Pathological examin	nation If yes, results:					☐ Other (Spe	-1137)		
performed?				Did this termination of programmy result in a motormal					
☐ Yes ■				Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?				
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgional Control of the Co	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
- Medicar (Sargi	car) Galer (Speedy)				(Burgie	ui) Guiei (Speegy)			
For Modical (Surgice	cal) procedures, answer the fo	llowing question		Eor Modical (	Curaia	al) procedures ones	ver the following question.		
						_			
Was the fetus viab  ☐ Yes [	ole or have a post fertilization  ☐ No	age at least 20 weeks?			us viabi Yes [		tilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [				_	Yes [	_			
	s for determination that the procedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
D. L.		l w				1 1			
Date last normal me	enses began 03/12/2018	Physicia	ın estımate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  6		
	tional age and post fertilization	on age determined?				•			
ULTRASOUND									
Full name of physic	ian performing termination								
DR. SARAH JULIA	A TURNER	-							
	n performing termination (nu WN ROAD, INDIANAPOL		e, and zip	code)					
		· · · · · · · · · · · · · · · · · · ·							
**Date Reported	to DCS, if Patient under	6 (month, day, year):				-			
DATE RECEIVI	ED BY ISDH (month, day,	year):06/02/2018					_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ILLVILLE - 8645 CONNEC	TICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination <b>LAKE</b>				
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion					
33		Yes No	05/16/201					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian ☐ Blac White ☐ Other		an American	Unknown Number now d	Not 1	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	umber of spontaneou	2 s terminations			Number of ind	uced termi	0 inations			
Other Termination	15.		ation. If more than six (6	140000		Trumber of ma		1			
2006	2		3			5		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No						None	☐ Uterir	ne Perforation		
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
Pathological examin	ation	If yes, results:					Julei (Spec	cijy)			
performed?		ii yes, resuits.									
☐ Yes ■	No					Did thi ☐ Ye			It in a maternal death?		
			Type	mination Procedures							
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nonsu	ırgical) l	Mifepristone			☐ Medical	(Nonsurgical) N	Mifepriston	ne			
Medical (Nonsu Medical (Nonsu	irgical)	Misoprostol				(Nonsurgical) (Nonsurgical) (	Aisoprosto (	1			
ivicultar (Ivonst	ingicai)	Other (Speetyy)			Wiedlean	(Itolisuigicai)	ottici (Spec	-97)			
☐ Medical (Surgion Med		ion Curettage strual Aspiration				(Surgical) Sucti (Surgical) Men					
Medical (Surgio						(Surgical) Othe					
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viable or have Yes   No	a post fer	tilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following questio	ns.	If the previou	s question was a	nswered y	es, complete the follo	wing questions.		
		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
☐ Yes [	_l No				<u> </u>	Yes No					
			egnant woman had a con ous impairment to the pr					that the pregnant won ath or serious impairr			
woman?			1	C	woman?	1			1 0		
					I						
Date last normal me	_		Physicia	ın estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		19/2018 and post fertilization	n age determined?		7			5			
ULTRASOUND	"B'	1	<u> </u>								
Full name of physici											
DR. SARAH JULIA			nber and street, city, stat	e. and zin	code)						
8590 GEORGETO	-	-	•	, sep							
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):					_			
DATE RECEIVED BY ISDH (month, day, year): 06/02/2018								_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	CTICUT STREET,	City or to	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE				
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educa	tion					
29		Yes No	05/16/20	18					elor's Degree		
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		an American		ıknown ber now d	■ Not H	nnic or Latino Hispanic or Latino	Unknown	
Live Births:			3					uced termin	0		
Other Termination	15.	umber of spontaneou	0			Nullic	ber of ma	uced termin	0		
Dates of termination	is ( <i>Do no</i> 2		ation. If more than six (6		ost recent.)		5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complic	ation(s) of Pregn	ancy Termination	
☐ Yes ■	No						<b>1</b>	None	☐ Ut	erine Perforation	
							☐ I	Hemorrhage	e 🗌 Ce	rvical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				 	nfection	□ Re	etained Products	
								Other (Spec	rify)		
Pathological examin	If yes, results:					эшсі (Брес	<i>.(Jy)</i>				
performed?											
∐ Yes ■				Did this			esult in a maternal dea	th?			
			Туре	nation Procedu	res						
Procedure that Term	regnancy		Additional Pr	ocedure	e that Ter	minated Pr	egnancy				
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsu	rgical) N	lifepristone	e		
Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol				(Nonsu	rgical) N	Tisoprostol Other (Speci			
ivicultar (1 vonst	ingicui)	other (Specify)			Wiedicar	(1401134	ingical) C	ther (Speed	997		
	1) 6				Medical (Surgical) Suction Curettage						
	cal) Mei	nstrual Aspiration			Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the following	question.	
Was the fetus viab ☐ Yes [		re a post fertilization	age at least 20 weeks?			us viabl Yes [		a post fert	ilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s quest	ion was a	nswered ye	es, complete the f	ollowing questions.	
Was the fetus give		st opportunity to surv	ive?			us giver Yes [		opportunit	y to survive?		
			regnant woman had a cor		What was th	he basis	for deter	mination th	nat the pregnant v	voman had a condition	į.
that required the property woman?	rocedure	to avert death or ser	ious impairment to the pr	regnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious imp	airment to the pregnan	t
Date last normal me	nses hea	an	Physicia	an estimate	of gestation (i	in week	5)	Post fer	rtilization age of	the fetus (in weeks)	<del></del>
	03/	28/2018			7		,	1 330 101	_	5	
How were the gestat	ional ag	e and post fertilization	n age determined?								
OLIKASUUND											
Full name of physici	ian nerfo	rming termination									
DR. SARAH JULIA											
1 .			mber and street, city, sta	te, and zip	code)						
8590 GEORGETO	VVIV RU	אט אואטואוארטבן,	, IN 40200								
**Date Reported	, if Patient under 1										
DATE RECEIVE						_					

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination <b>LAKE</b>		
Patient's age**	Marri	ed	Date of pregnancy tern	nination	Educa	tion					
25		Yes No	05/23/20				Н		ol Diploma or	GED	
Race American Indian Native Hawaiian	or Oth		Asian Blace Other		an American		iknown oer now do	Not H	nic or Latino Hispanic or Latino	Unknown	
Live Births:		Number of spontaneou	2 sterminations			Numh	er of indu	iced termin	0 nations		
Other Termination	15.		ation. If more than six (6	() 4h aga ma	204 112 22 214 1	rvanie	or or mac		1		
1. 09/15/2017	is ( <i>Do n</i>		3	**	)si receni.) 4		5		6		
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregn	ancy Termination	
☐ Yes ■	No						■ N	Vone	☐ Ut	erine Perforation	
							□ H	Iemorrhage	e 🗆 Ce	rvical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Пи	nfection	□ Re	etained Products	
								Other (Spec	_		
Pathological examin	If yes, results:					жы (Брес	ijy)				
performed?		11 905, 1054115.									
☐ Yes ■				Did this			esult in a maternal dea	ıth?			
			Туро	nation Procedu	res						
Procedure that Term	ninated 1	Pregnancy			Additional Pr		e that Terr	minated Pr	egnancv		
Medical (Nonsu								lifepristone			
Medical (Nonsu	urgical)	Misoprostol				(Nonsu	rgical) M	Iisoprostol			
Medical (Nonsu	argicai)	Otner (Specify)			Medical	(Nonsu	irgical) O	ther (Speci	(fy)		
Medical (Surgio		ction Curettage enstrual Aspiration						on Curettag trual Aspir			
Medical (Surgio								(Specify)	ution		
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	ures, answ	er the following	question.	
Was the fetus viab  ☐ Yes [		ve a post fertilization	age at least 20 weeks?			us viabl Yes   [		a post ferti	ilization age at le	ast 20 weeks?	
		answered ves compl	lete the following question	one	_	_	_	nswered ve	es complete the f	ollowing questions.	
1		<b>3</b> , 1	<i>2</i> 1	5115.	•	1		·		onowing questions.	
Was the fetus give		st opportunity to surv	ive?			us givei Yes [		opportunit	y to survive?		
			regnant woman had a co							voman had a condition	
that required the property woman?	rocedur	e to avert death or ser	ious impairment to the p	regnant	that require woman?	d the pr	ocedure to	o avert dea	th or serious imp	airment to the pregnan	ıt
Date last normal me	nses he	pan	Physici	an estimate	e of gestation (i	in wook	5)	Post for	rtilization age of	the fetus (in weeks)	
	04	/07/2018			6	WEEK		1 030 101		4	
_	tional ag	ge and post fertilization	n age determined?								
ULTRASOUND											
Full name of physici	ian nerf	orming termination									
DR. SARAH JULIA											
	•	_	mber and street, city, sta	te, and zip	code)						
8590 GEORGETO	WN RC	PAD, INDIANAPOL	13, IN 46268								
**Dota Da	to DC	F if Dationt 1- 1	6 (month 1								
_			6 (month, day, year):						-		
DATE RECEIVE					_						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE LAFAYETTE, IN, 47905	City or town	City or town, of pregnancy termination <b>LAFAYETTE</b>				County of pregnancy termination TIPPECANOE			
Patient's age** Married	Date of pregnancy t	termination	Educa	tion					
<b>23</b>	No <b>05/23</b>	/2018				Some Co Ethnicity	llege, No Deg	ree	
American Indian or Alaska Native Native Hawaiian or Other Pacific Islan	nder 🗌 White 🔲 (	Black or African A	American		known er now d	☐ Hispa ■ Not H	nic or Latino lispanic or Latin	.0	Unknown
Live Births:	0					uced termin	0		
Other Terminations.	ntaneous terminations 0			Numb	er of indi	uced termin	0		
Dates of terminations (Do not include this	termination. If more than si.		recent.)		5		6		
	th of time fetus survived:					Complica	ation(s) of Pregr	nancy	Termination
☐ Yes ■ No					■ N	None	□ U	terine	Perforation
					П	Hemorrhage	е Пс	ervical	Laceration
Fetus viable? If viable, n	nedical reason for termination	n:				nfection	_		l Products
163 110							_	ctanice	Troducts
Pathological examination If yes, resu				Other (Spec	iJy)				
performed?									
☐ Yes ■ No					Did this			result i	n a maternal death?
	on Procedu	res							
Procedure that Terminated Pregnancy		dditional Pr		that Ter	minated Pro	egnancy			
Medical (Nonsurgical) Mifepristone						lifepristone			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specif			Medical	(Nonsu	rgical) M	Misoprostol Other (Speci			
Medicai (Nonsurgicai) Other ( <i>specty</i>	y)	<u> </u>	] Medicai	(Nonsu	rgicai) C	nner (speci	Jy)		
			Medical (Surgical) Suction Curettage						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspira						on Curettag strual Aspir			
☐ Medical (Surgical) Other (Specify)			] Medical	(Surgical	al) Other	r (Specify)			
For Medical (Surgical) procedures, answer	r the following question.	Fo	or Medical	(Surgica	ıl) proced	lures, answe	er the following	questi	on.
Was the fetus viable or have a post fertil ☐ Yes ☐ No	ization age at least 20 weeks	?		us viable Yes [		a post ferti	lization age at le	east 20	weeks?
If the previous question was answered yes	, complete the following que	estions. If	the previou	ıs questi	on was a	nswered ye	s, complete the	follow	ing questions.
Was the fetus given the best opportunity  ☐ Yes ☐ No	to survive?			us given Yes [		opportunity	y to survive?		
		4:4:	_	_	_		4 4 1		. 1 4 4%
What was the basis for determination that that required the procedure to avert death		e pregnant	that require						n had a condition nt to the pregnant
woman?			woman?						
	<u></u>	•				T -			
Date last normal menses began 03/26/2018	Phys	sician estimate of	gestation (a	in weeks	i)	Post fer	tilization age of	the fe	tus (in weeks)
How were the gestational age and post fer	tilization age determined?					1			
ULTRASOUND									
T 1									
Full name of physician performing termin DR. SARAH JULIA TURNER	ation								
Address of physician performing terminat	•	state, and zip coa	le)						
8590 GEORGETOWN ROAD, INDIAN	APOLIS, IN 46268								
**Date Reported to DCS, if Patient u	:								
DATE RECEIVED BY ISDH (mont									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	EZZANINE DRIVE,	City or town, of pregnancy termination  LAFAYETTE				County of pregnancy termination TIPPECANOE				
Patient's age**	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/23/20		Educa	tion	Rach	nelor's Degree		
Race American Indiar Native Hawaiiar	n or Alas	ka Native		k or African A	American		Ethnicity	•		
Other Termination	ns: N	umber of spontaneou	us terminations 2			Numb	per of induced termi	nations 0		
Dates of termination		t include this termin UNKNOWN	ation. If more than six (6		recent.)	I	_			
Fetus delivered alive	e?	If yes, length of ti	me fetus survived:	4			None None	cation(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Hemorrhag ☐ Infection ☐ Other (Spec	Retained Products		
Pathological examin performed?		If yes, results:					Did this termination  Yes N	on of pregnancy result in a maternal death?		
			T	of Tower's '	on Duos - 1	ras				
Procedure that Term	ningted D	reanancy	Туре	Additional Procedure that Terminated Pregnancy						
Medical (Nonst     Medical (Nonst     Medical (Nonst     Medical (Nonst	urgical)	Mifepristone Misoprostol			Medical Medical	(Nonsu (Nonsu	rgical) Mifepriston rgical) Misoprosto rgical) Other (Spec	ne I		
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi al) Other (Specify)	ration		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.	Fo	or Medical	(Surgica	al) procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?	,		us viabl Yes [		tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, comp	lete the following question	ons. If	the previou	ıs questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	rive?	,		us giver Yes [	n the best opportuni  No	ty to survive?		
			regnant woman had a cor ious impairment to the pi	regnant				hat the pregnant woman had a condition ath or serious impairment to the pregnant		
			1 .				, 1 =			
Date last normal me	-	an <b>30/2018</b>	Physicia	an estimate of	gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks) 4		
How were the gestat ULTRASOUND	tional age	e and post fertilization	on age determined?				1			
Full name of physics	TURN	ER								
Address of physician 8590 GEORGETO	-	-	mber and street, city, stat IS, IN 46268	te, and zip coa	de)					
_			6 (month, day, year):					_		
DATE RECEIVE	ם עם ב	war (month, ady,	усиі)					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	City or town, of pregnancy termination <b>LAFAYETTE</b>					County of pregnancy termination  TIPPECANOE					
, , ,			I								
Patient's age**	Married	Date of pregnancy term		Educa	tion						
18	■ Yes □ No	05/23/20	18					llege, No Degree			
Race American Indian	n or Alaska Native	☐ Asian ☐ Blac	k or African A	merican			hnicity   Hispa	nic or Latino			
Native Hawaiiar	n or Other Pacific Islander	■ White □ Othe	er			ıknown	Not H	ispanic or Latino  Unknown			
Live Births:	Number now living	0				er now decea		0			
Other Termination	Number of spontaneo	us terminations 0			Numb	per of induced	termin	nations 0			
Dates of termination	ns (Do not include this termin			ecent.)				,			
Fetus delivered alive	1	ime fetus survived:	4			5 C	omplic	ation(s) of Pregnancy Termination			
Yes •	, ,	ine retus sur vived.				■ None		☐ Uterine Perforation			
								_			
Fetus viable?	If viable, medical	reason for termination:				Heme	orrhage	e Cervical Laceration			
☐ Yes ■	No					☐ Infec	tion	☐ Retained Products			
						Other	r (Spec	ify)			
Pathological examin	nation If yes, results:										
performed?	No		Did this termination of presences result in a motor								
l les E	☐ Yes ■ No					Did this termination of pregnancy result in a maternal dea					
		Туре	of Termination	n Procedu	res						
Procedure that Term	ninated Pregnancy		Ad	ditional Pr	ocedure	e that Termina	ated Pro	egnancy			
Medical (Nonsu	urgical) Mifepristone			Medical	(Noneu	ırgical) Mifer	ristone				
<ul> <li>Medical (Nonsu</li> </ul>	urgical) Misoprostol			Medical	(Nonsu	rgical) Miso	prostol				
Medical (Nonsu	urgical) Other (Specify)			Medical	(Nonsu	rgical) Other	(Speci	fy)			
	cal) Suction Curettage		-	Medical	(Surgic	cal) Suction C	Curettag	ge			
	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgic	cal) Menstrua cal) Other (Sp	1 Aspir	ation			
iviedicai (Suigi	car) Other (specify)			Medicai	(Surgic	ai) Other (Sp	ecijy)				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	Fo	r Medical (	(Surgica	al) procedures	, answ	er the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?	V		us viabl Yes [		ost ferti	llization age at least 20 weeks?			
If the previous quest	tion was answered yes, comp	elete the following question	ons. If t	he previou	ıs questi	ion was answe	ered ye	s, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	V		us giver Yes [	n the best opp	ortunit	y to survive?			
	_	,	11	_		_	, .				
	s for determination that the p rocedure to avert death or ser							at the pregnant woman had a condition th or serious impairment to the pregnant			
woman?			-	voman?	•						
Date last normal me	enses began	Physicia	an estimate of	gestation (i	in weeks	s) I	Post fer	tilization age of the fetus (in weeks)			
	04/07/2018			6				4			
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?									
SEINAGOUND											
Full name of physic											
DR. SARAH JULIA											
Address of physician	n performing termination (nu	umber and street, city, sta	te, and zip code	e)							
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268									
**Date Reported											
_	ED RV ISDH (month day										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905				County of pregnancy termination TIPPECANOE					
, , ,			I				<u>.</u>		
Patient's age**	Married	Date of pregnancy term		Educa	tion	_	and the Danier		
Race	☐ Yes ■ No	05/23/20	18			Ass Ethnicit	ociate Degree		
American Indian			k or African A	merican		☐ Hisp	anic or Latino		
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not	Hispanic or Latino Unknown		
Live Births:	Number of spontage	2 us terminations			Numh	per of induced term	0 inations		
Other Termination	15.	0	· · ·	. )	Tvuiiie	or or madeca term	2		
05/19/2015	ns (Do not include this termin 2. 01/24/2017	nation. If more than six (0	), those most re	cent.)		5.	6.		
Fetus delivered alive		ime fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■						■ None	Uterine Perforation		
Fetus viable?	· ·	reason for termination:				Hemorrhag	_		
☐ Yes ■	No					☐ Infection	Retained Products		
						Other (Spe	cify)		
Pathological examin performed?	nation If yes, results:								
Yes •	No			Did this termination of pregnancy result in a maternal de					
				Yes N	lo .				
		Туре	of Termination	n Procedui	res				
Procedure that Term	ninated Pregnancy		Ado	ditional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonsi	urgical) Mifepristone			Medical	(Nonsu	rgical) Mifepristor	ne		
Medical (Nonst	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprosto	ıl		
Medical (Nonsi	urgical) Other (Specify)			Medical	(INONSU	rgical) Other (Spec	ctly)		
	cal) Suction Curettage cal) Menstrual Aspiration					cal) Suction Curetta cal) Menstrual Asp			
	cal) Other (Specify)					cal) Menstrual Asp cal) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	llowing question		Madical (	Currie	al) procedures and	ver the following question.		
						•			
Was the fetus viab ☐ Yes [	le or have a post fertilization ☐ No	age at least 20 weeks?	l w		us viabl Yes [		tilization age at least 20 weeks?		
If the previous quest	tion was answered yes, comp	plete the following question	ons. If the	ne previou	s questi	ion was answered y	res, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	W		us giver Yes [	n the best opportuni	ity to survive?		
	_			_		<del>_</del>			
	s for determination that the procedure to avert death or ser						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?			w	oman?					
Date last normal me	enses began	Physicia	an estimate of g	estation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)		
***	04/01/2018			7			5		
ULTRASOUND	tional age and post fertilization	on age determined?							
Full name of physic	Full name of physician performing termination								
DR. SARAH JULIA									
	n performing termination (nu	•	te, and zip code	)					
8590 GEORGETO	WN ROAD, INDIANAPOL	.IS, IN 46268							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVE	ED RV ISDH (month day	vagr). 06/02/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or town, of pregnancy termination <b>LAFAYETTE</b>				County of pregnancy termination TIPPECANOE				
Patient's age**	Marrie	d	Date of pregnancy terr	nination	Educa	tion					
18 Race		Yes No	05/23/20	)18			Some Co	ollege, No Degree			
American Indiar Native Hawaiiar	or Othe		Asian Bla White Oth		an American	Unknown Number now	Hisp Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			0					0			
Other Termination	15.	umber of spontaneou	0			Number of inc	iucea termi	0			
Dates of termination	ns ( <i>Do no</i> 2		ation. If more than six (6			5.		6.			
Fetus delivered alive	e?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No						None	☐ Uterir	ne Perforation		
					☐ Hemorrhage ☐ Cervical Lacera						
Fetus viable?	No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
Pathological examin	ation	If yes, results:					Oulei (Spe	cijy)			
performed?		ii yes, resuits.									
☐ Yes ■	No					Did thi ☐ Ye			It in a maternal death?		
						, -	*				
			Тур	nation Procedu	res						
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsurgical) 1	Mifepristor	ne			
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
	argreur)	omer (speedy)				(Tronourgreum)	outer (spec	-957			
	1) (	· C #			Medical (Surgical) Suction Curettage						
	cal) Mer	strual Aspiration				(Surgical) Men	strual Aspi	iration			
Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) Othe	er (Specify)				
									_		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes  No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	lete the following questi-	ons.	If the previou	is question was a	answered y	es, complete the follo	wing questions.		
		t opportunity to surv	rive?			us given the bes	t opportuni	ty to survive?			
☐ Yes [	_					Yes  No					
			regnant woman had a co ious impairment to the p					that the pregnant won ath or serious impairr			
woman?					woman?						
					I						
Date last normal me	_	an <b>26/2018</b>	Physici	ian estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat			on age determined?		<u> </u>			0			
ULTRASOUND											
Full name of physics											
			mber and street, city, sta	ite, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
		105									
-			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/02/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address OF INDIA	NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or	City or town, of pregnancy termination  LAFAYETTE					County of pregnancy termination TIPPECANOE		
Patient's age**	Marri		Date of pregnancy ter	mination	Educa	ition						
27 Race		☐ Yes ■ No	05/23/2	018				Asso Ethnicity	ciate Degree			
American Indian Native Hawaiian	or Oth			ack or Afric her	an American		ıknown ber now d	Hispa  Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			2					uced termin	0			
Other Termination	13.	Number of spontaneou	0			Numt	per of ind	ucea termii	nations 0			
Dates of termination	is (Do n		ation. If more than six				5		6			
Fetus delivered alive	e?	If yes, length of tir			*			Complic	cation(s) of Pregna	ncy Termination		
☐ Yes ■	No						<b>■</b> 1	None	☐ Ute	rine Perforation		
								Hemorrhage	e 🔲 Cer	vical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				Пі	nfection	□ Ret	ained Products		
							Other (Specify)					
Pathological examin	nation	If yes, results:						Julei (Spec	.(Jy)			
performed?		li yes, results.										
☐ Yes ■	Yes ■ No Did this termination of pregnancy result in a maternal dea □ Yes ■ No							sult in a maternal death?				
			Ту	pe of Termi	nation Procedu	res						
Procedure that Term	ninated I	Pregnancy			Additional P	rocedur	e that Ter	minated Pr	regnancy			
■ Medical (Nonsurgical) Mifepristone					☐ Medical	(Nonsu	rgical) N	/lifepristone	e			
Medical (Nonsu Medical (Nonsu								Misoprostol				
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage												
☐ Medical (Surgio	cal) Me	nstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir				
Medical (Surgio	cal) Oth	ner (Specify)			Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical	(Surgica	cal) procedures, answer the following question.					
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?			fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	tion was	answered yes, compl	lete the following quest	tions.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	llowing questions.		
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us givei Yes [		opportunit	y to survive?			
What was the basis	– s for det	ermination that the pr	regnant woman had a c	ondition	What was t	he basis	for deter	mination th	hat the pregnant w	oman had a condition		
that required the pr			ious impairment to the		that require	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant		
woman?					woman?							
Date last normal me	ncac ha	ran	Dl	ojan actimat	e of gestation (	in wast	c)	Dogt f-	rtilization ago of 4	ne fetus (in weeks)		
Date last normal me		gan <b>/11/2018</b>	riiysid	oran USUIIIdl	e or gestation (	т weeк.	o <i>)</i>	rost iei	runzation age of t			
_	tional ag	ge and post fertilization	n age determined?					•				
ULTRASOUND												
Full name of physici	ian perf	orming termination										
DR. SARAH JULIA	A TURN	IER										
Address of physician 8590 GEORGETO	•	•	mber and street, city, st	tate, and zip	code)							
JUJU GLUNGETU	THE INC	AD, INDIANAFUL	, 114 40200									
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):											
DATE RECEIVE	ED BY	ISDH (month, dav.	year): 06/02/2018						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address OF INDIA	NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or	town, of pregn	ancy ter			County of pregnancy termination TIPPECANOE		
Patient's age**	Marrie		Date of pregnancy to		Educa	ition					
Race		☐ Yes ■ No	05/23/	2018				Asso Ethnicity	ciate Degree		
American Indian Native Hawaiian	or Othe			lack or Afric	can American		nknown oer now d	Hispa  Not H	anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	Number of spontaneou	0 us terminations					uced termin	0 nations		
Other Termination	15.		0 ation. If more than six	(6) those m	nost recent )	1,4111			0		
1			3				5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregna	nncy Termination	
☐ Yes ■	No						1	None	☐ Uto	erine Perforation	
Fetus viable?		If viable, medical	reason for termination	ı•			I	Hemorrhag	e 🗌 Ce	rvical Laceration	
☐ Yes ■	No			-			I	nfection	Re	tained Products	
								Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:									
Yes •	No		Did this termination of pregnancy result in a maternal de							esult in a maternal death?	
							☐ Ye	s 🔳 No	0		
			T	ype of Termi	ination Procedu						
Procedure that Terminated Pregnancy Additional Pr					rocedur	e that Ter	minated Pr	regnancy			
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> </ul>								Aifepriston Aisoprostol			
Medical (Nonsurgical) Misoprostoi  Medical (Nonsurgical) Other (Specify)					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio								on Curetta			
Medical (Surgio		nstrual Aspiration ner (Specify)						strual Aspii r ( <i>Specify</i> )	ration		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	(Surgic	al) proced	lures, answ	er the following of	uestion.	
Was the fetus viab  ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?	?		s the fetus viable or have a post fertilization age at least 20 weeks?					
	_	answered ves compl	ete the following ques	etions		_	question was answered yes, complete the following questions.				
			0 1	stions.	1	•		•		mowing questions.	
was the fetus give		st opportunity to surv	ive?			us givei Yes [		opportunit	y to survive?		
			regnant woman had a							oman had a condition	
that required the programmer woman?	rocedure	e to avert death or ser	ious impairment to the	e pregnant	that require woman?	d the pi	ocedure t	o avert dea	th or serious impa	nirment to the pregnant	
Date last normal me	nses beg	gan	Phys	ician estimat	te of gestation (	in week	s)	Post fe	rtilization age of t	he fetus (in weeks)	
How were the		/25/2018 ge and post fertilization	n aga datamin - 10		9				•	7	
ULTRASOUND	nonai ag	se and post refulizatio	n age ueteriiinea?								
	Full name of physician performing termination										
DR. SARAH JULIA			mber and street, city, s	state, and zir	code)						
8590 GEORGETO		·									
**Date Reported	to DCS	s, if Patient under 1	6 (month, day, year):						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/02/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddress of Indiai	NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or t		ancy termination			County of pregnancy termination TIPPECANOE		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
23 Race		Yes No	05/23/20	18			Some Co	ollege, No Degree			
☐ American Indian ☐ Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now d	☐ Hisp  ■ Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:			0			Number of ind		0			
Other Termination	3.	umber of spontaneou	0			Number of ma	uced terrin	2			
Dates of termination 1. <b>08/15/2012</b>			ation. If more than six (6			5		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnancy	y Termination		
☐ Yes ■ 1	No					<b>•</b> 1	None	☐ Uterin	e Perforation		
7		***************************************				I	Hemorrhag	ge 🔲 Cervic	cal Laceration		
Fetus viable?  Yes  1	No	If viable, medical	reason for termination:			<sub> </sub>	Infection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:					( ~ <i>I</i>	-957			
performed?									11.10		
☐ Yes ■	NO					Did this			t in a maternal death?		
			Туре	e of Termi	nation Procedu	res					
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Ter	minated P	regnancy			
Medical (Nonsurgical) Mifepristone						(Nonsurgical) N					
	Medical (Nonsurgical) Misoprostol					(Nonsurgical) N (Nonsurgical) C					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage											
☐ Medical (Surgio	cal) Men	strual Aspiration			☐ Medical	(Surgical) Mens	strual Aspi	iration			
☐ Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) Othe	r (Specify)				
									_		
For Medical (Surgical	al) proce	dures, answer the fol	llowing question.		For Medical (	(Surgical) proceed	lures, answ	ver the following ques	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	ıs question was a	on was answered yes, complete the following questions.				
		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
☐ Yes [					_	Yes No					
			regnant woman had a cor lous impairment to the pr					that the pregnant wom ath or serious impairn			
woman?					woman?						
Date last normal me	_	an <b>01/2018</b>	Physicis	an estimate	e of gestation (i  8	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat	ional age	and post fertilization	n age determined?								
ULTRASOUND											
Full name of al'	Full name of physician performing termination										
DR. SARAH JULIA											
	•	•	mber and street, city, sta	te, and zip	code)						
8590 GEORGETO	WN KO	AD, INDIANAPOLI	3, IN 40268								
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):					_			
_			year): 06/02/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address O OF INDIANA (LAFAYETTE) - 964 N	IEZZANINE DRIVE,	City or town,		ncy terr		County of pregnancy termination TIPPECANOE			
Patient's age**	Manniad	Date of pregnancy term	ination	Educa	tion		1			
18	Married ☐ Yes ■ No	05/23/20 <sup>-</sup>		Educa	uon	High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe	k or African An	merican			anic or Latino Hispanic or Latino   Unknown			
Other Termination	Number of spontaneo	us terminations			Numb	er of induced termi	nations 0			
	ns (Do not include this termin	0	), those most re	ecent.)			1			
ı <b>03/13/2018</b>		3				5	6			
Fetus delivered alive	, ,	me fetus survived:				Complie None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
Yes •	· ·	reason for termination.				☐ Infection	☐ Retained Products			
						☐ Other (Specify)				
Pathological examination If yes, results:										
performed?	No					Did this terminati	on of pregnancy result in a maternal death?			
						Yes N				
		Type	of Termination	n Procedu	res					
Procedure that Term	Ade	ditional Pr	ocedure	e that Terminated P	regnancy					
Medical (Nonsurgical) Mifepristone				Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spec	1			
Medical (Nonsurgical) Other (Specify)				Wedicar	(1 tolisu	igical) Other (spec	937			
☐ Medical (Surgi	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	<ul><li>al) Suction Curetta</li><li>al) Menstrual Aspi</li></ul>	ge ration			
Medical (Surgi	cal) Other (Specify)			Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	eal) procedures, answer the fo	llowing question.	For	r Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes	le or have a post fertilization  ☐ No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ns. If the	he previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur No	vive?	W		us given Yes [	the best opportuni No	ty to survive?			
	s for determination that the p						hat the pregnant woman had a condition			
that required the power woman?	rocedure to avert death or ser	ious impairment to the pr	-	nat require /oman?	d the pro	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal me	enses began	Physicia	ın estimate of g	gestation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)			
	03/26/2018			9		,	7			
How were the gestat	tional age and post fertilization	on age determined?								
OLIKASUUND										
Full name of physic	ian performing termination									
DR. SARAH JULIA	A TURNER									
	n performing termination (nu		e, and zip code	?)						
0J30 GEURGEIU	WN ROAD, INDIANAPOL	IO, IN 40200								
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	ED BY ISDH (month, day,	year): 06/02/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905		IEZZANINE DRIVE,	City or town, of pregnancy term  LAFAYETTE				County of pregnancy termination TIPPECANOE				
Doticat?-	1.		Data of	imati	F1	·i.a					
Patient's age** 21	Married	i ] Yes ■ No	Date of pregnancy term 05/23/20		Educa	tion	Some C	College, No Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Other	ek or African A	merican	☐ Un	Ethnici His aknown Not	ty panic or Latino Unknown			
Live Births:	Nι	ımber now living	0			Numb	per now deceased	0			
Other Termination	ns: Nu	imber of spontaneou	us terminations 0			Numb	per of induced tern	ninations 0			
Dates of termination			ation. If more than six (6		ecent.)						
Fetus delivered aliv			me fetus survived:	4			5 Compl	lication(s) of Pregnancy Termination			
Yes •		ii yes, iengiii oi ti	me ietus survivea.				■ None	Uterine Perforation			
					☐ Hemorrhage ☐ Cervical La						
Fetus viable?		If viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
☐ Yes ■	No										
							Other (Specify)				
Pathological examination performed?	nation	If yes, results:									
							tion of pregnancy result in a maternal death?				
			Туре	e of Termination	n Procedu	res					
Procedure that Terminated Pregnancy					ditional Pr	ocedure	e that Terminated	Pregnancy			
Medical (Nonsurgical) Mifepristone					Medical	(Nonsu	rgical) Mifepristo	one			
Medical (Nons Medical (Nons					Medical Medical	(Nonsu (Nonsu	rgical) Misoprost rrgical) Other (Spe	ol <i>ecify)</i>			
Medical (Nonsulgical) Other (Speegy)											
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage							tage				
	ical) Men	strual Aspiration			Medical	(Surgic	cal) Menstrual Asp	piration			
Medical (Surgi	icai) Otne	r (Specify)			Medical	(Surgic	cal) Other (Specify	")			
For Medical (Surgio	cal) proced	dures, answer the fo	llowing question.	For	Medical (	(Surgica	al) procedures, ans	wer the following question.			
	ble or have	e a post fertilization	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was a	nnswered yes, comp	lete the following question	ons. If t	he previou	ıs questi	ion was answered	yes, complete the following questions.			
Was the fetus give ☐ Yes		t opportunity to surv	vive?	V		us giver Yes [	n the best opportur  No	nity to survive?			
What was the basi	is for dete	rmination that the p	regnant woman had a con					that the pregnant woman had a condition			
that required the p woman?	procedure	to avert death or ser	ious impairment to the pr	C	nat require voman?	d the pr	ocedure to avert d	eath or serious impairment to the pregnant			
Date last normal me	enses bega	ın	Physicia	an estimate of g	gestation (i	in weeks	s) Post	fertilization age of the fetus (in weeks)			
	04/1	12/2018		01 8	6		,	4			
How were the gesta ULTRASOUND	itional age	and post fertilization	on age determined?								
OLIVAGOOND											
Full name of physic	Full name of physician performing termination										
DR. SARAH JULIA	A TURNE	ER									
Address of physicia 8590 GEORGETO			mber and street, city, stai	te, and zip code	<u></u>						
JULY OLONGETO		, DIAMAI UL									
**Date Reported	to DCS,	if Patient under	l 6 (month, day, year):								
-	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year): 06/02/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	Address OF INDIA	NA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or t	own, of pregna	ncy teri			County of pregnancy termination TIPPECANOE		
Patient's age**	Marrie		Date of pregnancy term	mination	Educa	tion					
20 Race		Yes ■ No	05/23/20	)18				Some Co Ethnicity	ollege, No Degr	ee	
American Indian Native Hawaiian	or Othe		Asian Bla White Oth		an American		known oer now d	Hispa  Not H	nnic or Latino Hispanic or Latino	Unknown	
Live Births:			0					uced termin	0		
Other Termination	15.	umber of spontaneou	0			Nullic	ber of ma	uced termin	0		
Dates of termination	is ( <i>Do no</i>		ation. If more than six (				5.		6.		
Fetus delivered alive	e?	If yes, length of ti						Complic	cation(s) of Pregna	ancy Termination	
☐ Yes ■	No						■ N	None	☐ Uto	erine Perforation	
F		TC : 11 1: 1					□ I	Hemorrhage	e 🗌 Ce	rvical Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for termination:				I	nfection	☐ Re	tained Products	
								Other (Spec	eify)		
Pathological examin	ation	If yes, results:						(~ <i>p</i>	327		
performed?	Did this termination of pregnancy result in a maternal deat							11.10			
☐ Yes ■	110						Did this			esuit in a maternal death?	
			Тур	e of Termin	nation Procedu	res					
Procedure that Terminated Pregnancy Additional						ocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsurgical) Mifepristone								lifepristone			
Medical (Nonsu Medical (Nonsu								lisoprostol other (Speci			
_											
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cai) Oui	er (specify)			☐ Medicai	(Surgic	ai) Ouie	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	or Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?				iable or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous quest	tion was	answered yes, compl	lete the following questi	ons.	If the previou	is questi	ion was a	nswered ye	es, complete the fo	ollowing questions.	
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fet	us givei	the best	opportunit	y to survive?		
Yes [		opportunity to sur-				Yes [		оррогия	y to survive.		
			regnant woman had a co							woman had a condition airment to the pregnant	
woman?	rocedure	to avert death of ser	ious impairment to the p	леднані	woman?	u uie pi	ocedure i	o avert dea	un or serious impa	anment to the pregnant	
Date last normal me	-		Physic	ian estimate	e of gestation (	in week:	5)	Post fer		the fetus (in weeks)	
How were the gestat		10/2018  e and post fertilization	on age determined?		6					4	
ULTRASOUND	8	. r	<i>G</i>								
Full name of physicion											
			mber and street, city, sta	ate, and zip	code)						
8590 GEORGETO	•		•								
_			6 (month, day, year): _						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/02/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD OF II LAFAYETTE, IN, 47905	ess NDIANA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or town		ncy termination		County of pregnancy termination TIPPECANOE			
Patient's age**	arried	Date of pregnancy term	ination	Educat	tion					
19 Race	☐ Yes ■ No	05/23/201	18		Н	igh Scho	ol Diploma or GEI	)		
☐ American Indian or A ☐ Native Hawaiian or O		Asian Blac White Othe	k or African A	merican	Unknown Number now d	☐ Hispa ■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	0	0			Number of ind		0			
Other Terminations:	Number of spontaneou	0			Number of ind	ucea termi	nations 0			
Dates of terminations (D	Oo not include this terming	ation. If more than six (6)		ecent.)	5		6			
Fetus delivered alive?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No					■ N	None	☐ Uterin	e Perforation		
					п	Hemorrhag	e 🔲 Cervio	cal Laceration		
Fetus viable?  Yes No	If viable, medical	reason for termination:				nfection	☐ Retain	ed Products		
100 110						Other (Spec	_	110000		
Pathological examination	n If yes, results:					Julei (Spec	cijy)			
performed?	ii yes, results.									
☐ Yes ■ No					Did this			t in a maternal death?		
	•				•					
		Туре	of Terminatio	n Procedur	res					
Procedure that Terminate	ed Pregnancy		Ad	ditional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nonsurgic	lп	Medical	(Nonsurgical) M	//////////////////////////////////////	e					
Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol				Medical	(Nonsurgical) N (Nonsurgical) C	/lisoprosto	1			
☐ Medical (Nonsurgical) Other (Specify) ☐ Med					(Nonsuigical)	ины (ърес	.(yy)			
☐ Medical (Surgical) ☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Sucti (Surgical) Mens					
Medical (Surgical)	Other (Specify)			Medical	(Surgical) Other	r (Specify)				
For Medical (Surgical) p	procedures, answer the fol	lowing question.	For	Medical (	(Surgical) proced	ical) procedures, answer the following question.				
Was the fetus viable or Yes \( \square\) Y	have a post fertilization No	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	was answered yes, compl	ete the following questio	ons. If t	he previou	s question was a	nswered y	es, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv	ive?	V		us given the best Yes  \text{No}	opportuni	ty to survive?			
	determination that the pr	agnant woman had a con	udition W	_	_	mination t	hat the pregnant wom	en had a condition		
that required the proceed	dure to avert death or seri		regnant th	nat required			ath or serious impairs			
woman?			W	oman?						
D. J.		1						<u> </u>		
Date last normal menses	began 03/22/2018	Physicia	an estimate of g	gestation (i <b>9</b>	n weeks)	Post fe	ertilization age of the <b>7</b>	ietus ( <i>in weeks</i> )		
	al age and post fertilization	n age determined?								
ULTRASOUND										
Full near C 1 1 1										
Full name of physician p DR. SARAH JULIA TU										
	rforming termination (nun	•	te, and zip code	?)						
8590 GEORGETOWN	KOAD, INDIANAPOLI	S, IN 46268								
**Date Reported to D	*Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVED I							_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address PIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  MARION						
Patient's age** Ma	Date of pregr	nancy termination	Educa			-	
27 Race	☐ Yes ■ No	05/23/2018			Some Colle	ege, No Degree	
American Indian or A	Other Pacific Islander  White	☐ Black or Afric	can American	Unknown	Hispani Not His	ic or Latino Unknown	
Live Births:	Number now living 1			Number now d		0	
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	tions 0	
Dates of terminations (D	o not include this termination. If more t			5		6	
Fetus delivered alive?	If yes, length of time fetus surviv		4			ion(s) of Pregnancy Termination	
☐ Yes ■ No				1	None	☐ Uterine Perforation	
				п	Hemorrhage	☐ Cervical Laceration	
Fetus viable?  Yes No	If viable, medical reason for term	nination:			nfection	☐ Retained Products	
					Other (Specif	_	
Pathological examination	If yes, results:				outer (speety,	,, ,	
performed?				=			
☐ Yes ■ No				Did this		of pregnancy result in a maternal death?	
	Type of Termination Procedures						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Preg	gnancy	
Medical (Nonsurgic		☐ Medical	(Nonsurgical) N	// difepristone			
<ul><li>Medical (Nonsurgic</li></ul>	Medical (Nonsurgical) Misoprostol				//Iisoprostol	·)	
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)							
	Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens	strual Aspirat		
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other	r (Specify)		
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical	(Surgical) proceed	lures, answer	the following question.	
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20 No	weeks?		us viable or have Yes 🔳 No	a post fertili	zation age at least 20 weeks?	
If the previous question v	was answered yes, complete the followi	ng questions.	If the previou	s question was a	nswered yes,	complete the following questions.	
	best opportunity to survive?			us given the best	opportunity	to survive?	
Yes N	lo			Yes No			
	determination that the pregnant woman dure to avert death or serious impairmen					t the pregnant woman had a condition or serious impairment to the pregnant	
woman?	auto to uvert death of serious impairmen	n to the pregnant	woman?	a the procedure t	o avert death	or serious impunment to the pregnant	
Date last normal menses	•	Physician estimat	-	in weeks)	Post ferti	lization age of the fetus (in weeks)	
How were the gestational	<b>03/07/2018</b> I age and post fertilization age determine	ed?	7			5	
ULTRASOUND							
Full name of physician p	=						
	Address of physician performing termination (number and street, city, state, and zip code)						
	ROAD, INDIANAPOLIS, IN 46268						
•	oCS, if Patient under 16 (month, day,	•					
DATE RECEIVED I	DATE RECEIVED BY ISDH (month, day, year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or t	own, of pregna	ncy termin		Co	County of pregnancy termination MARION		
	ancy termination	Educa	tion		9th-12th	No Diploma		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	Black or Africa	an American	Unkno		Ethnicity  Hispanic	<u> </u>	☐ Unknown	
Live Births:  Number now living  0	Other		Number			0	Circiowii	
Other Terminations: Number of spontaneous terminations			Number	of induc	ed termination			
Dates of terminations (Do not include this termination. If more th	nan six (6), those mo	ost recent.)				0		
Fetus delivered alive?  If yes, length of time fetus survive	ed:	4		5	Complication	on(s) of Pregnancy	Termination	
☐ Yes ■ No				■ No	ne	☐ Uterin	e Perforation	
				☐ He	morrhage	☐ Cervic	al Laceration	
Fetus viable? If viable, medical reason for termi	ination:			☐ Info	ection	☐ Retain	ed Products	
				— Otl	ner (Specify)			
Pathological examination If yes, results:				_ 0	iei (speegy)			
performed?			-	S' 1 . 1	<del></del>	<u> </u>		
i ies i ivo				Yes Yes	ermination o	f pregnancy resul	t in a maternal death?	
	Type of Termin	nation Procedur	es					
Procedure that Terminated Pregnancy		Additional Pr	ocedure th	nat Termi	nated Pregn	ancy		
Medical (Nonsurgical) Mifepristone			(Nonsurgi					
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage								
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)				Menstr	ual Aspiratio	on		
Medical (Surgical) Guier (Spectyy)		Wiedicar	(Surgicar)	Oulei (A	эресцу)			
			(0 1)				<del></del>	
For Medical (Surgical) procedures, answer the following question				•		he following ques		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	weeks?		us viable o Yes 🔲 1		post fertiliza	ation age at least 2	20 weeks?	
If the previous question was answered yes, complete the followin	g questions.	If the previou	s question	was ans	wered yes, c	complete the follo	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No		Was the fet	us given th		portunity to	survive?		
	1 1 12	_	_		e de de d		1 1 12	
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment		that require					an had a condition ent to the pregnant	
woman?		woman?						
	DI ''			ı	D			
Date last normal menses began 03/01/2018	Physician estimate	e of gestation (i	n weeks)		Post fertili	zation age of the t	etus ( <i>in weeks)</i>	
How were the gestational age and post fertilization age determine	ed?							
ULTRASOUND								
Full name of physician performing termination								
DR. CASANDRA CASHMAN								
Address of physician performing termination ( <i>number and street</i> , <b>8590 GEORGETOWN ROAD</b> , <b>INDIANAPOLIS</b> , <b>IN 46268</b>	, city, state, and zip	code)						
**Date Reported to DCS, if Patient under 16 (month, day,	**Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day, year): 06/05/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLI	or town, of pregna	ncy termination	County of pregnancy termination  MARION				
Detiont's aga**	ananay tama !t!						
Patient's age**  Married  Yes  No  Date of pre	gnancy termination 05/23/2018	ı Educa		sociate Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Live Births: Number now living	☐ Black or Af ■ Other	frican American		panic or Latino Hispanic or Latino  Unknown			
Other Terminations: Number of spontaneous termination	ns O		Number of induced term	ninations 0			
Dates of terminations (Do not include this termination. If more	e than six (6), those						
Fetus delivered alive?  Yes No  If yes, length of time fetus surv		4	5	6			
Fetus viable? If viable, medical reason for ter	rmination:		Hemorrha	_			
Yes No			☐ Infection	Retained Products			
Debalasial services If we worke			Other (Sp	ecify)			
Pathological examination performed?							
Yes No			Did this termina  Yes	tion of pregnancy result in a maternal death?			
	, <u> </u>						
	Type of Ter	mination Procedu	res				
Procedure that Terminated Pregnancy	ocedure that Terminated	Pregnancy					
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) Mifepristo	one			
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)			(Nonsurgical) Misoprost (Nonsurgical) Other (Spe	ol			
Medical (Nonsurgical) Other ( <i>specify</i> )							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage							
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Menstrual Asp	piration			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other (Specify	<sup>2</sup> )			
For Medical (Surgical) procedures, answer the following quest	tion.	For Medical	Surgical) procedures, ans	wer the following question.			
Was the fetus viable or have a post fertilization age at least 2 ☐ Yes ☐ No	20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous question was answered yes, complete the follow	wing questions.	If the previou	s question was answered	yes, complete the following questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best opportur	nity to survive?			
What was the basis for determination that the pregnant wom:	an had a condition			that the pregnant woman had a condition			
that required the procedure to avert death or serious impairm		that require		eath or serious impairment to the pregnant			
woman?		woman?					
Data last normal manage bagger	Dhyminiae	note of acetati	n waaks)	fartilization are of the fotos (int)			
Date last normal menses began  04/01/2018	rnysician estin	nate of gestation (i	n weeks) POST	fertilization age of the fetus (in weeks)  4			
How were the gestational age and post fertilization age determ ULTRASOUND	nined?						
Full name of physician performing termination							
DR. CASANDRA CASHMAN							
Address of physician performing termination (number and stree 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	•	zip code)					
SECRETARING ROAD, INDIANAL CEIO, IN 40200	·						
**Date Reported to DCS, if Patient under 16 (month, de	*Date Reported to DCS, if Patient under 16 (month, day, year):						
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN,	City or to	wn, of pregna	ncy termina	tion	County of pregnancy termination MARION		
	acy termination //23/2018	Educa	tion		ool Diploma or GEI	)	
☐ Native Hawaiian or Other Pacific Islander ☐ White	■ Black or Africar  Other	n American	Unknov	vn Not	y panic or Latino Hispanic or Latino	☐ Unknown	
Live Births: Number now living 3				ow deceased	0		
Other Terminations: Number of spontaneous terminations 0			Number of	induced term	inations 0		
Dates of terminations (Do not include this termination. If more than	n six (6), those mos	t recent.)					
Fetus delivered alive?  If yes, length of time fetus survived	. 4.			Compli	cation(s) of Pregnancy	y Termination	
☐ Yes ■ No	•			None	☐ Uterin	e Perforation	
				Hemorrha	e ☐ Cervio	cal Laceration	
Fetus viable?  If viable, medical reason for termina  Yes No	ation:			☐ Infection		ed Products	
Li les El No				_	_	led Floducts	
Deduction of the control of the cont				Other (Spe	ecify)		
Pathological examination performed?  If yes, results:							
☐ Yes ■ No				this terminat	ion of pregnancy resul	t in a maternal death?	
	Type of Termina	ntion Procedu	es				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated F	Pregnancy		
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgica	l) Mifepristo	ne		
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgica	d) Misoprosto	ol		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		■ Medical	(Surgical) I	Menstrual Asp	iration		
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) (	Other (Specify)	)		
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) pr	ocedures, ansv	wer the following ques	stion.	
Was the fetus viable or have a post fertilization age at least 20 we ☐ Yes ☐ No	eeks?		us viable or l		rtilization age at least 2	20 weeks?	
If the previous question was answered yes, complete the following	questions.	If the previou	s question w	as answered y	ves, complete the follo	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the		ity to survive?		
What was the basis for determination that the pregnant woman ha					that the pregnant wom		
that required the procedure to avert death or serious impairment to woman?	to the pregnant	that required woman?	d the proced	ure to avert de	eath or serious impairn	nent to the pregnant	
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post f	ertilization age of the	fetus (in weeks)	
03/20/2018		9	•		7		
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	17						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street, c	city, state, and zip c	ode)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, ye	ear):						
DATE RECEIVED BY ISDH (month, day, year):06/05/20	00/05/0040						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or t	town, of pregna	ncy terminatio		County of pregnancy termination  MARION		
	ancy termination 05/23/2018	Educa	tion		ter's Degree		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	an American	Unknown	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births: Number now living 3			Number now		0		
Other Terminations: Number of spontaneous terminations 0			Number of in	nduced termi	nations 0		
Dates of terminations (Do not include this termination. If more the	han six (6), those m	ost recent.)			,		
Fetus delivered alive?  If yes, length of time fetus surviv.	ed:	4	5.	Complic	cation(s) of Pregnancy	Termination	
☐ Yes ■ No				None	☐ Uterin	e Perforation	
			— п	Hemorrhag	e $\square$ Cervic	al Laceration	
Fetus viable?  If viable, medical reason for term  Yes No	ination:			Infection		ed Products	
						ed Froducts	
Pathological examination If yes, results:			_   '	Other (Spec	uyy)		
performed?							
☐ Yes ■ No			Did t			t in a maternal death?	
•			, –				
	Type of Termin	nation Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that T	erminated Pr	regnancy		
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical)	Mifepriston	e		
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical)	Misoprostol			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Me	enstrual Aspir			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Ot	her (Specify)			
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	(Surgical) proc	edures, answ	er the following ques	tion.	
Was the fetus viable or have a post fertilization age at least 20 <sup>-</sup> ☐ Yes ☐ No	weeks?		us viable or ha Yes 🔲 No	ve a post fert	ilization age at least 2	20 weeks?	
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	s answered ye	es, complete the follo	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	est opportunit	y to survive?		
What was the basis for determination that the pregnant woman					hat the pregnant wom		
that required the procedure to avert death or serious impairmen woman?	it to the pregnant	that require woman?	d the procedur	e to avert dea	th or serious impairn	nent to the pregnant	
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)	
04/05/2018		6	·		4	·	
How were the gestational age and post fertilization age determin ULTRASOUND	ed?						
						1	
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street	t, city, state, and zip	code)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day,	**Date Reported to DCS, if Patient under 16 (month, day, year):						
DATE RECEIVED BY ISDH (month, day, year): 06/05/2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ) - 8590 GEORGETOWN ROAD, INDIA	City	y or town, of pregn	ancy ter		Со	ounty of pregnancy termination  MARION		
Patient's age** Ma	arried Date	of pregnancy termination			<del>-</del>				
19	Yes No	05/30/2018					ge, No Degree		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander W	=	African American		ıknown		or Latino 🔲 Unknown		
Live Births:	Number now living	0			Number now deceased 0				
Other Terminations:	Number of spontaneous term	0		Numl	Number of induced terminations 0				
Dates of terminations (De	o not include this termination.	If more than six (6), tho.	se most recent.)				4		
Fetus delivered alive?	If yes, length of time fet			Complication	n(s) of Pregnancy Termination				
☐ Yes ■ No			■ None	e	☐ Uterine Perforation				
			☐ Hem	orrhage	☐ Cervical Laceration				
Fetus viable?  Yes No	If viable, medical reason		☐ Infec	ction	Retained Products				
					Other (Specify)				
Pathological examination	n If yes, results:					л (вресцу)			
performed?					Bildi		6 11 10		
☐ Yes ■ No					Did this ter	mination of  No	f pregnancy result in a maternal death?		
		Type of To	ermination Procedu	res					
Procedure that Terminate	ed Pregnancy		Additional F	rocedur	e that Termin	ated Pregna	ancy		
☐ Medical (Nonsurgical	al) Mifepristone		☐ Medica	(Nonsu	rgical) Mife	pristone			
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				edical (Nonsurgical) Misoprostol edical (Nonsurgical) Other (Specify)					
_	, (1 33)			`	,	(1 35)			
Medical (Surgical) S	Suction Curattaga		—   — Medica	(Surgio	eal) Suction (	Curattaga			
☐ Medical (Surgical)	Menstrual Aspiration		☐ Medica	(Surgic	al) Menstrua	al Aspiratio	n		
☐ Medical (Surgical) (	Other (Specify)		☐ Medica	al (Surgical) Other (Specify)					
For Medical (Surgical) pr	rocedures, answer the followin	g question.	For Medical	(Surgica	cal) procedures, answer the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lo	least 20 weeks?			ble or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous question v	was answered yes, complete the	e following questions.	If the previo	ıs quest	ion was answ	vered yes, co	omplete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us giver Yes [	n the best opp  No	portunity to	survive?		
What was the basis for	determination that the pregnan	t woman had a condition	n What was	he basis	for determin	nation that tl	he pregnant woman had a condition		
	lure to avert death or serious in						r serious impairment to the pregnant		
woman.			woman.						
Date last normal menses	hegan	Physician est	imate of gestation	in week.	5)	Post fertiliz	zation age of the fetus (in weeks)		
	04/17/2018	•	6		,		4		
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization age	determined?							
OLINASCOND									
Full name of physician po	erforming termination								
DR. CASANDRA CASH	HMAN								
	forming termination (number of ROAD, INDIANAPOLIS, IN		a zip code)						
**Date Reported to D	CS, if Patient under 16 (mo	onth, day, year):							
DATE RECEIVED B	BY ISDH (month, day, year):	06/05/2018							

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to		ncy termination		County of pregnanc	y termination	
Patient's age**  Married  Yes No Date of pregnar  Other pregnar  O	tion <b>F</b>	ligh School	Diploma or GED	)			
Race  ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander  ■ White	Black or Africa	n American	Unknown	Ethnicity  Hispan	ic or Latino spanic or Latino	☐ Unknown	
Live Births: Number now living 2			Number now deceased 0				
Other Terminations: Number of spontaneous terminations 2			Number of ind	luced termina	tions 0		
Dates of terminations (Do not include this termination. If more the 1. 04/2017 2. 07/2017 3.	an six (6), those mos	st recent.)	5		6		
Fetus delivered alive? If yes, length of time fetus survived	d:			Complicat	ion(s) of Pregnancy	Termination	
☐ Yes ■ No				None	☐ Uterino	e Perforation	
		Hemorrhage	☐ Cervic	al Laceration			
Fetus viable? If viable, medical reason for termin		Infection	☐ Retain	ed Products			
				Other (Specif	(v)		
Pathological examination							
performed?  Yes No			Did thi	s termination	of pregnancy result	t in a maternal death?	
			☐ Ye		or pregnancy resur	in a maternar death.	
	<b></b>						
	Type of Termin						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	rminated Preg	gnancy		
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol			(Nonsurgical) Nonsurgical) N				
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) (	Other (Specify	")		
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Suct (Surgical) Men				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	er (Specify)			
For Medical (Surgical) procedures, answer the following question		For Medical (	Surgical) proceed	dures, answer	the following ques	tion.	
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ☐ No	reeks?		us viable or have Yes	e a post fertili	zation age at least 2	0 weeks?	
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	answered yes,	complete the follow	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			s the fetus given the best opportunity to survive?  Yes No				
What was the basis for determination that the pregnant woman h	nad a condition	What was th	ne basis for deter	rmination tha	t the pregnant wom	an had a condition	
that required the procedure to avert death or serious impairment woman?					or serious impairm		
I -	Physician estimate	-	n weeks)	Post ferti	lization age of the f	etus (in weeks)	
03/16/2018  How were the gestational age and post fertilization age determined	d?	9			7		
ULTRASOUND	<u> </u>						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street,	city, state, and zip o	code)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, y	vear):						
DATE RECEIVED BY ISDH (month, day, year): 06/05/20	018						

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess ) - 8590 GEORGETOWN ROAD, IN	IDIANAPOLIS, IN, 46268	ity or town, of pregi	ancy ter		County of pregnancy termination  MARION			
Patient's age** Ma		ate of pregnancy terminat				1			
32 Race	☐ Yes ■ No	05/23/2018			High Sc Ethnic	hool Diploma or GED			
☐ American Indian or A☐ Native Hawaiian or O	Alaska Native Other Pacific Islander	Asian Black or White Other	African American	□Ur	☐ Hi	ispanic or Latino ot Hispanic or Latino Unknown			
Live Births:	Number now living	2		Number now deceased 0					
Other Terminations:	Number of spontaneous to			Numl	Number of induced terminations 0				
Dates of terminations (De	I o not include this terminatio	on. If more than six (6), the	ose most recent.)	1					
I	2	3	4		5	plication(s) of Pregnancy Termination			
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of time		None	Uterine Perforation					
Fetus viable?	If viable, medical rea		Hemorrh	_					
☐ Yes ■ No			☐ Infection	_					
B.1.1.1.1.1.1.1.1	TC 1					pecify)			
Pathological examination performed?	If yes, results:								
☐ Yes ■ No						ation of pregnancy result in a maternal death?			
						1.0			
		Type of 7	Termination Proced	ıres					
Procedure that Terminate	ed Pregnancy		Additional	rocedur	e that Terminated	1 Pregnancy			
☐ Medical (Nonsurgic	•				ırgical) Mifeprisi				
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	al) Misoprostol		☐ Medica	l (Nonsu	argical) Misopros argical) Other (S <sub>I</sub>	stol			
Wedicai (Noisuigic	ai) Other ( <i>specify</i> )		Medica	i (ivolist	ingical) Other (Sp	эесцу)			
			_	1.00					
	Menstrual Aspiration			l (Surgio	cal) Suction Cure cal) Menstrual A	spiration			
☐ Medical (Surgical)	Other (Specify)		☐ Medica	l (Surgio	cal) Other (Special	fy)			
For Medical (Surgical) p	rocedures, answer the follow	ving question.	For Medica	(Surgical	cal) procedures, answer the following question.				
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age	e at least 20 weeks?		tus viab Yes [	ble or have a post fertilization age at least 20 weeks?				
If the previous question v	was answered yes, complete	the following questions.	If the previo	us quest	ion was answered	d yes, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive	?		ne fetus given the best opportunity to survive?					
What was the basis for	determination that the preg	nant woman had a condition	on What was	the basis	s for determinatio	on that the pregnant woman had a condition			
	dure to avert death or seriou					death or serious impairment to the pregnant			
woman.			woman.						
Date last normal menses	began	Physician es	stimate of gestation	in week	s) Posi	t fertilization age of the fetus (in weeks)			
	UNKNOWN		13			11			
How were the gestational <b>ULTRASOUND</b>	l age and post fertilization a	ge determined?							
Full name of physician p	_								
DR. CASANDRA CASI	HMAN forming termination (number	on and atmost oits, state a	nd sin anda)						
	ROAD, INDIANAPOLIS,		на дір сойе)						
**Date Reported to D	CS, if Patient under 16 (	month, day, year):				<u> </u>			
DATE RECEIVED I	BY ISDH (month, day, yea	<i>r</i> ):06/06/2018							

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Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	N, 46268 City or to		ncy termination		County of pregnancy termination  MARION			
18 ☐ Yes ■ No 0	18							
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or African Other	American	Unknown	■ Not His	c or Latino spanic or Latino	☐ Unknown		
Live Births:			Number now deceased 0					
Other Terminations: Number of spontaneous terminations 0			Number of inc	iucea termina	0			
Dates of terminations (Do not include this termination. If more th	an six (6), those mos 4.	t recent.)	5.		6.			
Fetus delivered alive? If yes, length of time fetus survive	d:			Complicat	ion(s) of Pregnancy	Termination		
☐ Yes ■ No			•	None	☐ Uterine	e Perforation		
		Hemorrhage	☐ Cervic	al Laceration				
Fetus viable? If viable, medical reason for termination of the second of		Infection	☐ Retain	ed Products				
				Other (Specif	_			
Pathological examination If yes, results:				Outer (specij	<b>()</b>			
performed?								
☐ Yes ■ No			Did thi ☐ Ye		of pregnancy result	in a maternal death?		
			, -					
	Type of Termina	tion Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Pres	nancv			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) I		,			
Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgical) I	Misoprostol				
Medical (Nonsurgical) Other (Specify)		Medical	(Nonsurgical)	Juner ( <i>Specif</i> )	')			
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Suct (Surgical) Men					
Medical (Surgical) Other (Specify)			(Surgical) Othe					
For Medical (Surgical) procedures, answer the following question	1.	For Medical (	(Surgical) proce	dures, answer	the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ☐ No	veeks?		us viable or have Yes   No	e a post fertili	zation age at least 2	0 weeks?		
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	answered yes,	complete the follow	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes	t opportunity	to survive?			
What was the basis for determination that the pregnant woman l	had a condition	What was th	ne basis for dete	rmination tha	t the pregnant wom	an had a condition		
that required the procedure to avert death or serious impairment woman?					or serious impairm			
		Ollimit						
Date last normal menses began	Physician estimate of	of gestation /	n wooks)	Post forti	lization age of the f	etus (in waaks)		
Date last normal menses began 03/22/2018	i nysician estilliate (	9	n weeks)	rost terti	nzation age of the f	cius (in weeks)		
How were the gestational age and post fertilization age determine ULTRASOUND	d?			•				
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination (number and street,	city, state, and zip co	ode)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, )	year):							
DATE RECEIVED BY ISDH (month, day, year):	2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN, 46	City or	town, of pregna	ncy tern		County of pregnancy termination MARION			
Patient's age**		Date of pregnancy	termination	Educa	tion					
32	Married ■ Yes □ N	= = =	3/2018	Educa	.011	High Scho	ol Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islande Number now livin	er 🔳 White 🔲	Black or Afric Other	can American			/ anic or Latino  Hispanic or Latino ☐ Unknown  0			
Other Termination	Number of sponta	neous terminations			Numb	Number of induced terminations 0				
Dates of termination	as (Do not include this ter		<u> </u>		•					
1		3		5	cation(s) of Pregnancy Termination					
Fetus delivered alive		of time fetus survived:		_	_					
						None	Uterine Perforation			
Fetus viable?	'	ical reason for termination	on:			☐ Hemorrhag				
☐ Yes ■	No					☐ Infection	Retained Products			
						Other (Spec	cify)			
Pathological examin performed?	lation If yes, results:									
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?			
					<u>l</u>		0			
			Type of Termi	ination Procedu	res					
Procedure that Term	inated Pregnancy			Additional Pr	rocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone					rgical) Mifepriston				
	argical) Misoprostol argical) Other (Specify)					surgical) Misoprostol surgical) Other (Specify)				
Medical (Surgional Control of the Control of t	cal) Suction Curettage			☐ Medical	(Surgica	al) Suction Curetta	ge			
☐ Medical (Surgio	cal) Menstrual Aspiration	n		☐ Medical	(Surgica	al) Menstrual Aspi al) Other (Specify)				
iviedicai (Surgio	cai) Oniei (specify)				(Surgica	ai) Omei (specijy)				
, ,	al) procedures, answer th	0 1			Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [	le or have a post fertiliza  No	tion age at least 20 week	s?			able or have a post fertilization age at least 20 weeks?  ☐ No				
If the previous quest	tion was answered yes, co	omplete the following qu	estions.	If the previou	ıs questi	uestion was answered yes, complete the following questions.				
Was the fetus give	n the best opportunity to	survive?		Was the fet	us given	given the best opportunity to survive?				
☐ Yes [					Yes [		y			
	s for determination that the rocedure to avert death or						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	rocedure to avert death of	serious impairment to t	ne pregnam	woman?	u uie pro	ocedure to avert dea	an or serious impairment to the pregnant			
Date last normal me		Phy	sician estimat	te of gestation (a	in weeks	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat	02/28/2018 tional age and post fertilis	zation age determined?		12			10			
ULTRASOUND										
Full name of physici	ian performing termination	on								
	n performing termination	(number and street, city	, state, and zip	o code)						
8590 GEORGETO	WN ROAD, INDIANAF	OLIS, IN 46268								
-	to DCS, if Patient und						-			
DATE RECEIVE	ED BY ISDH (month, a	day, year):06/06/2018	<b>!</b>				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						r town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION		
Patient's age**  39  Married Yes  No									ι	Jnknown		
Race American Indian o			Asian	=		an American				nic or Latino		
Native Hawaiian o		Number now living	☐ White 2	Oth	er			Unknown In Not Hispanic or Latino Unknown  Number now deceased				
Other Terminations:	Number of greateneous terminations Nu							per of indu	iced termin			
	Dates of terminations (Do not include this termination. If more than six (6), those most recent.)  1. 2015 2. 3. 4.									I		
Fetus delivered alive?		If yes, length of tin				4		5	Complic	ation(s) of Pregnanc	y Termination	
Yes No		ii yes, lengui oi ui	ine retus sur viv	rea.				■ N	None	☐ Uterii	ne Perforation	
								☐ H	Iemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable?  If viable, medical reason for termination:								☐ Iı	nfection	☐ Retain	ned Products	
									Other (Spec	rify)		
Pathological examinati	ion	If yes, results:										
performed?	0									on of pregnancy resu	lt in a maternal death?	
								Yes	■ No	)		
				Tun	of Termin	nation Procedu	res					
Procedure that Termin	ated 1	Pregnancy		1 ype	OI ICHIIII	Additional P		e that Terr	minated De	egnancy		
☐ Medical (Nonsurg										•		
Medical (Nonsurg	gical)	Misoprostol				Medical	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
Wiedicai (Nonsurg	gicai)	Other (Specify)				iviculear	(140fist	irgical) O	uici (speci	997		
Medical (Surgical	) Suc	ction Curettage				☐ Medical	(Suroic	al) Suction	on Curetta	ore		
	) Me	enstrual Aspiration				Medical	(Surgio	al) Mens	trual Aspir (Specify)	ration		
Wiedicai (Surgicai	i) Ou	ны (Бресцу)				iviculear	(Surgic	ai) Other	(Бресіју)			
For Medical (Surgical)	nroc	redures answer the fol	llowing questic			For Medical	(Survic	al) proced	ures answ	er the following que	stion	
	•	ve a post fertilization	• 1							ilization age at least		
Yes Yes		ve a post fertilization	age at least 20	weeks.			Yes [		u post rere	inzation age at least	20 Weeks.	
If the previous question	n was	s answered yes, compl	lete the followi	ing questio	ons.	If the previou	ıs quest	ion was aı	nswered ye	es, complete the follo	owing questions.	
Was the fetus given t ☐ Yes ☐		est opportunity to surv	rive?				us give Yes [		opportunit	y to survive?		
		termination that the pr	egnant woman	n had a coi	ndition	_		_	mination th	nat the pregnant wor	nan had a condition	
		e to avert death or seri									ment to the pregnant	
Date last normal mense		-		Physici	an estimate	e of gestation (	in week	s)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestation		./12/2018 ge and post fertilization	n age determir	ned?		6				4		
ULTRASOUND	{											
Γ <del></del>												
Full name of physician DR. CASANDRA CA	_	-										
Address of physician p		-		et, city, sta	te, and zip	code)						
8590 GEORGETOW	N KC	AD, INDIANAPULI	IS, IN 40208									
**Date Reported to										-		
DATE RECEIVED	BY	ISDH (month, day,	year):06/06/	/2018						_		

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Facility Name and A		90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	-		County of pregnancy termination MARION			
Dadiana (1) steate	1		D-tf		F.1	4:					
Patient's age**  18	Marrie [	d ☐ Yes ■ No	Date of pregnancy term 05/23/20		Educa	tion	High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ Asian ☐ Bla ☐ White ■ Oth		an American			y anic or Latino Hispanic or Latino			
Other Termination	ns: Ni	umber of spontaneou	us terminations 0			Numb	per of induced termi	inations 0			
Dates of termination	Dates of terminations (Do not include this termination. If more than six (6), those most recent.)										
Fetus delivered alive			me fetus survived:		Complie	cation(s) of Pregnancy Termination  Uterine Perforation					
							☐ Hemorrhag	_			
Fetus viable?	No	If viable, medical	reason for termination:				☐ Infection	Retained Products			
5.1.1.1		70 1					Other (Spe	cify)			
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?			
		•					. —				
			Тур	e of Termi	nation Procedu	res					
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nonsu Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol				(Nonsu	nsurgical) Mifepristone nsurgical) Misoprostol nsurgical) Other (Specify)				
Medical (Surgion Medical (Surgio	cal) Men	strual Aspiration				(Surgic	cal) Suction Curetta cal) Menstrual Aspi cal) Other (Specify)	iration			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.			
	le or hav		age at least 20 weeks?		Was the fet	us viabl	ble or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was	answered yes, comp	lete the following questi	ions.	If the previou	ıs questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		t opportunity to surv	vive?				given the best opportunity to survive? s				
			regnant woman had a co ious impairment to the p					that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	_	an 17/2018	Physic	ian estimat	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)  6			
How were the gestat			on age determined?		O			Ü			
Full name of physics											
	n perforn	ning termination (nu	mber and street, city, sta IS, IN 46268	ate, and zip	code)						
**Data D / 1	to Dog	if Dationt 1	6 (marelle 1								
•			6 (month, day, year): _ year): _06/06/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or t	own, of pregna	ncy terminat	on	County of pregnance	ey termination
	ancy termination	Educa	tion	Mas	ster's Degree	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	Black or Africa	an American	Unknow	n Not I	y anic or Latino Hispanic or Latino	☐ Unknown
Live Births: Number now living 3			Number no		0	
Other Terminations: Number of spontaneous terminations 0			Number of	induced termi	nations 0	
Dates of terminations (Do not include this termination. If more th	nan six (6), those mo	ost recent.)				
Fetus delivered alive?  If yes, length of time fetus survive	əq:	4		Complie	cation(s) of Pregnancy	y Termination
Yes No	.u.		-	_		e Perforation
				Hemorrhag	_	al Laceration
Fetus viable?  If viable, medical reason for termi		Infection		ed Products		
☐ Yes ■ No			_	ed Products		
Debatasial sessionis (Ferrance)				Other (Spec	cify)	
Pathological examination performed?  If yes, results:						
☐ Yes ■ No				this termination		t in a maternal death?
	Type of Termin	nation Procedur	res			
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pr	regnancy	
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical	) Mifepriston	e	
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical	) Misoprosto ) Other (Spec	1	
Medical (vonsuiglear) Other (spectyy)		Wiedicar	(140iisuigicai	) Other (spec	<i>(1) (1)</i>	
			(2 : 1) 2			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration			(Surgical) N	uction Curetta Ienstrual Aspi	ration	
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) O	ther (Specify)		
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	(Surgical) pro	cedures, answ	ver the following ques	tion.
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	weeks?		us viable or h Yes		tilization age at least 2	20 weeks?
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question wa	as answered y	es, complete the follo	wing questions.
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the te	est opportuni	ty to survive?	
What was the basis for determination that the pregnant woman					hat the pregnant wom	
that required the procedure to avert death or serious impairment woman?	t to the pregnant	that require woman?	d the procedu	re to avert dea	ath or serious impairn	nent to the pregnant
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)
04/22/2018	-d9	9			7	
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	eu?					
Full name of physician performing termination DR. CASANDRA CASHMAN						
Address of physician performing termination (number and street,	, city, state, and zip	code)				
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268						
**Date Reported to DCS, if Patient under 16 (month, day,	year):					
DATE RECEIVED BY ISDH (month, day, year):06/06/2	2018				_	

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Facility Name and A PPIN-GEORGETOWN OR		N ROAD, INDIANAPOLIS, IN, 462	City or		ncy termination	County of pregnancy termination MARION				
Patient's age**	Mamia 1	Date of pregnancy	termination	Educa	tion					
22	Married ☐ Yes ■		3/2018	Educa			ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Island Number now liv	der White	Black or Afric Other	ean American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino			
Other Termination	Number of spon	taneous terminations			Number of ind	Number of induced terminations 0				
Dates of termination		ermination. If more than s				·				
Fetus delivered alive Yes Fetus viable? Yes	e? If yes, length No  If viable, me	n of time fetus survived:		•	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration  Retained Products					
Pathological examin performed?		S:				Other (Specify)				
☐ Yes ■	100				Did this		on of pregnancy result in a maternal death?			
		,	Type of Termi	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nonsi	urgical) Mifepristone urgical) Misoprostol urgical) Other (Specify)	)			(Nonsurgical) M	onsurgical) Mifepristone onsurgical) Misoprostol onsurgical) Other (Specify)				
☐ Medical (Surgion	cal) Suction Curettage cal) Menstrual Aspirati cal) Other (Specify)	on		☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	strual Aspi				
For Medical (Surgic	cal) procedures, answer	the following question.		For Medical (	Surgical) proced	lures, answ	ver the following question.			
Was the fetus viab ☐ Yes ☐		cation age at least 20 week	s?		us viable or have Yes	able or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was answered yes,	complete the following qu	estions.	If the previou	s question was a	uestion was answered yes, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity t  No	o survive?			us given the best Yes \(\square\) No	given the best opportunity to survive?				
		the pregnant woman had a or serious impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal me	enses hegan	Dhs	vsician estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	04/03/2018		, oreran commat	7	weens)	1 031 10	5			
How were the gestar	tional age and post ferti	lization age determined?								
Full name of physic DR. CASANDRA (	ian performing terminal	ion								
	Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
•		nder 16 (month, day, year,					_			
DATE RECEIVE	ED BY ISDH (month	, day, year):06/06/2018	• 				_			

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City						r town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	Marrie [	ed Yes • No	Date of pregn	ancy termi		Educa	tion		Some Co	ellege, No Degree		
Race American Indian or	r Alas	ska Native	Asian	■ Black	c or Afric	an American			Ethnicity  Hispa	unic or Latino		
☐ Native Hawaiian or		er Pacific Islander Jumber now living	White	Other	r		Unknown ■ Not Hispanic or Latino Unknown  Number now deceased					
Other Terminations:	N	Sumber of spontaneou	s terminations				Number of induced terminations					
Dates of terminations (	Do no	ot include this termina	0 ution. If more th	han six (6)	, those me	ost recent.)				1		
1. 2016		2. 				4		5		eation(s) of Pregnancy Termination		
Fetus delivered alive?  Yes No		If yes, length of tir	ne fetus surviv	ed:				■ N	•	Uterine Perforation		
									iemorrhag			
Fetus viable?  If viable, medical reason for termination:									nfection	Retained Products		
Lies E No									Other (Spec	_		
Pathological examination									ouiei (spec	ijy)		
performed?								Did this	tormination	on of pregnancy result in a maternal of		
								Yes			leaui?	
				Туре	of Termi	nation Procedu	res					
Procedure that Termina	ated F	regnancy				Additional Pr	rocedure t	that Teri	minated Pr	egnancy		
☐ Medical (Nonsurg ☐ Medical (Nonsurg								(Nonsurgical) Mifepristone (Nonsurgical) Misoprostol				
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	☐ Medical (Nonsurgical) Other (Specify)					
<ul><li>Medical (Surgical</li><li>Medical (Surgical</li></ul>									on Curetta trual Aspir			
Medical (Surgical	) Oth	er (Specify)				☐ Medical	(Surgical	l) Other	(Specify)			
For Medical (Surgical)	_						_	_		er the following question.		
Was the fetus viable Yes		ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	n was	answered yes, comple	ete the followin	ng question	ns.	If the previou	ıs questio	n was aı	nswered ye	es, complete the following questions.		
Was the fetus given t		st opportunity to surv	ive?						opportunit	y to survive?		
☐ Yes ☐							Yes 🗌					
What was the basis for that required the proc						that require				nat the pregnant woman had a condit th or serious impairment to the pregr		
woman?						woman?						
Date last normal mense	es hes	gan		Physicia	n estimate	e of gestation (a	in weeks)		Post fe	rtilization age of the fetus (in weeks)		
	03	/25/2018		-		8				6		
How were the gestation ULTRASOUND	nal ag	e and post fertilization	n age determin	ed?								
Full name of physician	_	-										
DR. CASANDRA CA Address of physician p			nber and street	t, city, state	e, and zip	code)						
8590 GEORGETOW	N RO	AD, INDIANAPOLI	S, IN 46268									
**Date Reported to	DCS	, if Patient under 1	6 (month, day,	year):						_		
DATE RECEIVED	BY	ISDH (month, day, y	vear):06/06/	2018						_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	N, 46268 City or to		ncy termination	(	County of pregnanc	y termination RION		
Patient's age**  Married  Yes  No  Date of pregna	tion <b>F</b>		Diploma or GED	)				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Number now living Number now living	☐ Black or Africar☐ Other	n American	Unknown Number now		c or Latino panic or Latino	☐ Unknown		
Number of greateneous terminations			0 Number of induced terminations					
Other Terminations:    Dates of terminations (Do not include this termination. If more the	an ain (6) thas a mas	4 40004	0					
1 2 3	4.		5		6			
Fetus delivered alive? If yes, length of time fetus survive	d:			Complicati	on(s) of Pregnancy	Termination		
☐ Yes ■ No				None	☐ Uterine	e Perforation		
Fetus viable? If viable, medical reason for termi		Hemorrhage	☐ Cervic	al Laceration				
☐ Yes ■ No		Infection	Retain	ed Products				
				Other (Specify	·)			
Pathological examination If yes, results:								
performed?  Yes No			Did thi ☐ Ye		of pregnancy result	in a maternal death?		
	Type of Termina	ntion Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	rminated Preg	nancy			
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (		)			
Medical (Surgical) Suction Curettage			(Surgical) Suct					
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)			(Surgical) Men (Surgical) Othe		ion			
		_	, ,	. 1				
For Medical (Surgical) procedures, answer the following question	<u> </u>	For Medical (	Surgical) proces	dures answer	the following ques			
					• •			
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ■ No	veeks?		res  No	e a post fertili	zation age at least 2	O Weeks?		
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was a	answered yes,	complete the follow	wing questions.		
Was the fetus given the best opportunity to survive?			us given the best	t opportunity t	o survive?			
☐ Yes ☐ No		_	les □ No					
What was the basis for determination that the pregnant woman I that required the procedure to avert death or serious impairment					the pregnant women or serious impairm	an had a condition ent to the pregnant		
woman?		woman?	-		_			
Date last normal menses began 03/04/2018	Physician estimate	of gestation (i	n weeks)	Post ferti	ization age of the f	etus (in weeks)		
How were the gestational age and post fertilization age determine	d?							
ULTRASOUND								
Tell and of charities of the control of								
Full name of physician performing termination  DR. CASANDRA CASHMAN								
Address of physician performing termination (number and street,	city, state, and zip c	ode)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year):06/06/2	2018							

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Facility Name and A		N ROAD, INDIANAPOLIS, IN, 462	City or		ncy termination	County of pregnancy termination MARION				
Patient's age**	T.,	Date of pregnancy t	termination	Educat	ion					
43	Married Yes			Educa		High School Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Island Number now liv	der 🔳 White 🔲 (	Black or Afric Other	an American	[	Ethnicity  Hispanic or Latino  Not Hispanic or Latino  cased  0				
Other Termination	Number of spon	taneous terminations			Number of induce	ed terminations				
Dates of termination		ermination. If more than si				0				
Fetus delivered alive Yes Fetus viable?	e? If yes, length	a of time fetus survived:	■ Nor	Complication(s) of Pregnancy Termination  ne Uterine Perforation  morrhage Cervical Laceration						
☐ Yes ■				☐ Infection ☐ Retained Products ☐ Other (Specify)						
Pathological examin performed?	nation If yes, result	s:								
☐ Yes ■	No				Did this te	ermination of pregnancy result in a maternal death?  No				
	1					<del>_</del>				
		ד	Type of Termi	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure that Termin	nated Pregnancy				
Medical (Nonsi	urgical) Mifepristone urgical) Misoprostol urgical) Other (Specify)				(Nonsurgical) Mise	nsurgical) Mifepristone nsurgical) Misoprostol nsurgical) Other (Specify)				
☐ Medical (Surgion	cal) Suction Curettage cal) Menstrual Aspirati cal) Other (Specify)	on		☐ Medical	(Surgical) Suction (Surgical) Menstru (Surgical) Other (S	ual Aspiration				
For Medical (Surgic	eal) procedures, answer	the following question.		For Medical (	Surgical) procedure	es, answer the following question.				
Was the fetus viab ☐ Yes ☐		cation age at least 20 weeks	s?		ıs viable or have a p Yes	able or have a post fertilization age at least 20 weeks?				
If the previous quest	tion was answered yes,	complete the following que	estions.	If the previou	question was answered yes, complete the following questions.					
Was the fetus give	en the best opportunity t  No	o survive?			is given the best op	s given the best opportunity to survive?				
		the pregnant woman had a or serious impairment to th				ination that the pregnant woman had a condition avert death or serious impairment to the pregnant				
		·		1	·					
Date last normal me	onses began 03/30/2018	Phy	sician estimat	e of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)  5				
How were the gestat	tional age and post ferti	lization age determined?								
Full name of physic DR. CASANDRA (	ian performing terminal	ion								
	n performing termination	on (number and street, city, POLIS, IN 46268	state, and zip	code)						
•		nder 16 ( <i>month</i> , <i>day</i> , <i>year</i> )				. <u></u>				
DATE RECEIVE	ED BY ISDH (month	, day, year):06/06/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	City or town,	of pregna	-		County of pregnancy termination MARION					
Patient's age**	I.,	Date of pregnancy term	ination	Educat	tion					
27	Married ☐ Yes ■ No	05/23/20		Educa	поп	High Scho	ool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Other	k or African An er	nerican	Unl		y anic or Latino Hispanic or Latino			
Other Termination	Number of spontaneo				Numb	er of induced termi	nations 0			
Dates of termination	ns (Do not include this termi	<u> </u>	), those most red	cent.)						
Fetus delivered alive	e? If yes, length of t	ime fetus survived:	4			_	cation(s) of Pregnancy Termination			
						None	☐ Uterine Perforation			
Fetus viable?	If viable, medica	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■ No						☐ Infection	☐ Retained Products			
						Other (Spec	cify)			
Pathological examination performed?										
☐ Yes ■ No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		Туре	of Termination	Procedur	res					
Procedure that Term		ditional Pr	ocedure	that Terminated Pr	regnancy					
	urgical) Mifepristone urgical) Misoprostol					rgical) Mifepriston rgical) Misoprosto				
	urgical) Other (Specify)		📙			rgical) Other (Spec				
	cal) Suction Curettage		<del>-</del> -			al) Suction Curetta				
	cal) Menstrual Aspiration cal) Other (Specify)					al) Menstrual Aspi al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the f	ollowing question	For	Medical (	Surgica	1) procedures, answ	ver the following question.			
, ,	ele or have a post fertilization					•	• .			
Yes [		age at least 20 weeks:	, ,	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons. If th	ne previou	s questi	on was answered y	es, complete the following questions.			
Was the fetus give	en the best opportunity to sur	vive?	w		us given Yes [	the best opportuni	ty to survive?			
	_		11.1	_	_	_	1 1 . 192			
that required the pr	s for determination that the procedure to avert death or se		regnant th	at required			hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			We	oman?						
Dele	1					) [				
Date last normal me	onses began 02/24/2018	Physicia	an estimate of go	estation (i.	n weeks	) Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	tional age and post fertilizati	on age determined?				1				
L										
	Full name of physician performing termination									
DR. CASANDRA C	CASHMAN  n performing termination (no	unher and street city stat	te and zin code	)						
1 *	WN ROAD, INDIANAPOI		., up coue,	, 						
_	to DCS, if Patient under						_			
DATE RECEIVE	ED BY ISDH (month, day	year): 06/06/2018					_			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad		90 GEORGETOWN ROAD	), INDIANAPOLIS,	IN, 46268			ncy termination	County of pregnancy termination MARION		
Patient's age**	Marrie		Date of pregn	ancy termination	on	Educat				
Race		Yes No		05/23/2018			F	Ethnicity	ool Diploma or GED	
☐ American Indian o		· ·	Asian White	■ Black or A	African Ame	erican	Unknown	☐ Hispa	anic or Latino  Hispanic or Latino  Unknown	
Live Births:	N	umber now living	1				Number now o		0	
Other Terminations:	•	umber of spontaneou	1				Number of ind	uced termi	nations 0	
Dates of terminations		ot include this termind					5		6.	
Fetus delivered alive?		If yes, length of tir			4		5		cation(s) of Pregnancy Termination	
☐ Yes ■ No	О							None	☐ Uterine Perforation	
Fetus viable?		If viable, medical	reason for term	ination:				Hemorrhag	ee Cervical Laceration	
Yes No	О	n viable, medicar	reason for term	imation.				Infection	☐ Retained Products	
								Other (Spec	cify)	
Pathological examinat performed?	tion	If yes, results:								
Yes N	o						Did thi		on of pregnancy result in a maternal death?	
Type of Termination Procedures										
Procedure that Termin	nated P	regnancy			Addit	ional Pr	ocedure that Ter	minated Pr	regnancy	
Medical (Nonsurg				(Nonsurgical) M						
Medical (Nonsura					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgica							(Surgical) Suct			
☐ Medical (Surgica☐ Medical (Surgica☐							(Surgical) Men (Surgical) Othe			
For Medical (Surgical	) proce	edures, answer the fol	lowing questio	on.	— For M	ledical (	Surgical) proced	dures, answ	ver the following question.	
Was the fetus viable ☐ Yes ☐		e a post fertilization	age at least 20	weeks?	Was		is viable or have Yes  \text{No}	e a post fert	tilization age at least 20 weeks?	
If the previous question	on was	answered yes, compl	ete the followin	ng questions.	If the	previou	s question was a	inswered ye	es, complete the following questions.	
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?		Was		is given the best Yes \(\sime\) No	opportunit	ty to survive?	
What was the basis f that required the pro- woman?					nt that				hat the pregnant woman had a condition ath or serious impairment to the pregnant	
Date last normal mens	ses beg	an		Physician esti	imate of ges	tation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
How were the gestation		18/2018	n age determin	ed?	9	)			7	
ULTRASOUND	How were the gestational age and post fertilization age determined?  ULTRASOUND									
	Full name of physician performing termination									
Address of physician p			nber and street	t, city, state, and	d zip code)					
8590 GEORGETOW	N RO	AD, INDIANAPOLI	S, IN 46268							
**Date Reported to	DCS	, if Patient under 1	6 (month, day,	year):					_	

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addrepin-georgetown or (PPG	ess I) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or City or	town, of pregnan		County of pregnancy termination  MARION				
Patient's age** M	arried Date of preg	nancy termination 05/23/2018	Educati	on	Unknown				
Race American Indian or District Native Hawaiian or Control	Alaska Native  Asian	Black or Afri			nicity Hispanic or Latino Not Hispanic or Latino				
Live Births:	Number now living 1			Number now decease					
Other Terminations:	Number of spontaneous termination	S		Number of induced	terminations 0				
,	o not include this termination. If more	* **	*		-				
			4		omplication(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No	If yes, length of time fetus survi	ved:							
				■ None	Uterine Perforation				
Fetus viable?	If viable, medical reason for terr	nination:		Hemo	orrhage Cervical Laceration				
☐ Yes ■ No				☐ Infect	ion Retained Products				
				☐ Other	(Specify)				
Pathological examination	n If yes, results:								
performed?  Yes No					nination of pregnancy result in a maternal death?  No				
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy		Additional Pro	ocedure that Termina	ted Pregnancy				
☐ Medical (Nonsurgic	ristone								
Medical (Nonsurgio	cal) Misoprostol		Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Wiedicai (Nonsurgie	an) Other (Specify)		I Wicalcar (	(Nonsurgical) Other	(specify)				
Medical (Surgical)  Medical (Surgical)	Suction Curettage Menstrual Aspiration			Surgical) Suction Co Surgical) Menstrual					
Medical (Surgical)	Other (Specify)		Medical (	Surgical) Other (Spe	ecify)				
For Medical (Surgical) p	procedures, answer the following questi	on.	For Medical (S	Surgical) procedures,	answer the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 No	) weeks?		s viable or have a portes   No	st fertilization age at least 20 weeks?				
If the previous question	was answered yes, complete the follow	ing questions.	If the previous	question was answe	red yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive? No			s given the best oppo	ortunity to survive?				
	determination that the pregnant woma				tion that the pregnant woman had a condition				
that required the proceed woman?	dure to avert death or serious impairme	ent to the pregnant	that required woman?	the procedure to ave	rt death or serious impairment to the pregnant				
Date last normal menses	_	Physician estima	te of gestation (in	weeks) P	ost fertilization age of the fetus (in weeks)				
	UNKNOWN 13 11  How were the gestational age and post fertilization age determined?  JLTRASOUND								
L									
	Full name of physician performing termination IR. CASANDRA CASHMAN								
	rforming termination (number and stree ROAD, INDIANAPOLIS, IN 46268	-	p code)						
0090 GEORGETOWN	NOAD, INDIANAPOLIS, IN 40208								
**Date Reported to D	OCS, if Patient under 16 (month, day	y, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	GEORGETOWN ROA	D, INDIANAPOLIS, IN, 462	City or	town, of pregna	-		County of pregnancy termination MARION			
Dationt's **	l		Data of	amai:	F 1	tion				
Patient's age** 24	Married	Yes • No	Date of pregnancy t		Educa	tion	8th C	Grade or Less		
Race American Indiar Native Hawaiiar Live Births:	or Other Pa			Black or Afric Other	can American			y anic or Latino Hispanic or Latino		
Other Termination	ns: Num	ber of spontaneo	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not in		ation. If more than si			I				
Fetus delivered alive			me fetus survived:		4		Complie	cation(s) of Pregnancy Termination  Uterine Perforation		
							☐ Hemorrhag	te Cervical Laceration		
Fetus viable?  Yes		f viable, medical	reason for termination	n:			☐ Infection	☐ Retained Products		
	110						Other (Spec			
Pathological examin	Pathological examination						☐ Other (Spec	ugy)		
performed?										
☐ Yes ■ No						Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
			Т	ype of Term	ination Procedu	res				
Procedure that Term	ninated Pregr	nancy			Additional P	rocedure	e that Terminated Pr	regnancy		
<ul> <li>Medical (Nonsurgical) Mifepristone</li> <li>Medical (Nonsurgical) Misoprostol</li> <li>Medical (Nonsurgical) Other (Specify)</li> </ul>					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgio	cal) Menstri	ual Aspiration			☐ Medical	(Surgic	ral) Suction Curetta ral) Menstrual Aspi ral) Other (Specify)	ration		
	1) 1		11		F 16 1: 1	/G :	1\ 1			
For Medical (Surgic	, 1		0 1				•	ver the following question.		
Was the fetus viab ☐ Yes [		post fertilization	age at least 20 weeks	?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was ans	wered yes, comp	lete the following que	stions.	If the previou	ıs quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		pportunity to surv	vive?			us givei Yes [	the best opportuni	ty to survive?		
			regnant woman had a rious impairment to th					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal me	nses began		Phys	sician estima	te of gestation (	in week:	s) Post fe	ertilization age of the fetus (in weeks)		
	UNKN				13			11		
How were the gestat	tional age an	nd post fertilization	on age determined?							
	Full name of physician performing termination DR. CASANDRA CASHMAN									
1 *	Address of physician performing termination (number and street, city, state, and zip code) 590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Date Reported	to DCS if	Patient under	16 (month, day, year):							
•				·				_		
DATE RECEIVE	ED BY ISI	<b>JH</b> (month, day,	<i>year</i> ):					_		

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

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Facility Name and Add PPIN-GEORGETOWN OR (PP	ress GI) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 46268	City or town,	of pregnan	cy termination	Coun	nty of pregnancy termination  MARION		
	Married	Date of pregnancy term		Education					
Race American Indian or	Yes No	05/23/201  ☐ Asian ■ Blace	k or African A	merican		gh School Dip  Ethnicity  Hispanic or			
Native Hawaiian or	Other Pacific Islander  Number now living	White Othe				Not Hispani			
Live Births:	Number of spontaneo	1 ous terminations			Number of induc		0		
Other Terminations:  Dates of terminations (		0 nation. If more than six (6)	), those most re	cent.)			0		
1	1		4				6		
Fetus delivered alive?  Yes No		ime fetus survived:					s) of Pregnancy Termination		
					■ No	emorrhage	☐ Uterine Perforation ☐ Cervical Laceration		
Fetus viable?  Yes No	,	l reason for termination:				fection	Retained Products		
103 2 100						ther (Specify)	Retained Floducts		
Pathological examination	on If yes, results:					iner (speedy)			
performed?  Yes No	,				Did this t ☐ Yes	termination of p  No	regnancy result in a maternal death?		
Type of Termination Procedures									
Procedure that Termina	nted Pregnancy				cedure that Term	ninated Pregnand	су		
Medical (Nonsurgi				☐ Medical (Nonsurgical) Mifepristone					
Medical (Nonsurg	ical) Misoprostol ical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
	Suction Curettage		<u></u>		Surgical) Suction Surgical) Menstr				
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				Surgical) Mensti Surgical) Other (				
For Medical (Surgical)	procedures, answer the fe	ollowing question.	For	Medical (S	Surgical) procedu	res, answer the	following question.		
Was the fetus viable o ☐ Yes ☐	or have a post fertilization No	age at least 20 weeks?	W		s viable or have a	ı post fertilizatio	on age at least 20 weeks?		
If the previous question	n was answered yes, comp	plete the following question	ns. If the	he previous	question was ans	swered yes, com	plete the following questions.		
Was the fetus given th ☐ Yes ☐	he best opportunity to sur No	vive?	W		s given the best o	pportunity to su	urvive?		
		oregnant woman had a con rious impairment to the pr	egnant th				pregnant woman had a condition erious impairment to the pregnant		
Date last normal mense	es began	Physicia	an estimate of g	estation (in	weeks)	Post fertilizat	ion age of the fetus (in weeks)		
	03/28/2018 nal age and post fertilizati			7			5		
ULTRASOUND	iai ago ana post icitinzati	on age determined?							
	Full name of physician performing termination								
Address of physician po		umber and street, city, stat	e, and zip code	·)					
8590 GEORGETOWN	N ROAD, INDIANAPOL	LIS, IN 46268							
**Date Reported to	DCS, if Patient under	16 (month, day, year):							

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ress Bi) - 8590 GEORGETOWN ROAD, INDIANAPOLI	S, IN, 46268 City o	r town, of pregna	ncy termination	County of pregnancy termin MARION	nation			
Patient's age** M	aurred .	gnancy termination	Educat		tomo Collogo No Doggo				
Race American Indian or Native Hawaiian or	Alaska Native	□ Black or Afr	ican American		Ethnicity  Hispanic or Latino  Not Hispanic or Latino	Unknown			
Live Births:	Number now living			Number now dec		CIIKIIOWII			
Other Terminations:	Number of spontaneous termination			Number of induc	ced terminations				
	Oo not include this termination. If more	than six (6), those i	most recent.)		0				
1	2 3		4	5					
Fetus delivered alive?  Yes No	If yes, length of time fetus surv	ived:		■ No	Complication(s) of Pregnancy Terminone  Uterine Perfor				
Fetus viable?	If viable, medical reason for ter	mination:			emorrhage				
☐ Yes ■ No				In:	fection Retained Prod	ucts			
				Ot	her (Specify)				
Pathological examination performed?	on If yes, results:								
☐ Yes ■ No				Did this	rermination of pregnancy result in a ma  No	aternal death?			
Type of Termination Procedures									
Procedure that Terminat	ted Pregnancy	71			inated Pregnancy				
					,				
☐ Medical (Nonsurgion Medical (Nonsurgio	cal) Misoprostol		<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
- Medicar (Tronsargi	☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical)	Suction Curettage		Medical	(Surgical) Suction	n Curettage				
	Menstrual Aspiration		☐ Medical	(Surgical) Menstr (Surgical) Other	rual Aspiration				
For Medical (Surgical) I	procedures, answer the following quest	ion.	For Medical (	Surgical) procedu	res, answer the following question.				
Was the fetus viable of Yes ■	r have a post fertilization age at least 20 No	0 weeks?		as viable or have a les □ No	post fertilization age at least 20 week	s?			
If the previous question	was answered yes, complete the follow	ving questions.	If the previou	s question was an	swered yes, complete the following qu	estions.			
Was the fetus given th  ☐ Yes ☐ I	e best opportunity to survive? No			us given the best of	pportunity to survive?				
	r determination that the pregnant womandure to avert death or serious impairment				nination that the pregnant woman had a avert death or serious impairment to the				
Date last normal menses	s began	Physician estima	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in	weeks)			
	UNKNOWN		9		7	<del>-</del> /			
How were the gestational ULTRASOUND	How were the gestational age and post fertilization age determined?  JLTRASOUND								
Full name of physicism	Full name of physician performing termination								
DR. CASANDRA CAS	SHMAN								
	rforming termination (number and stre ROAD, INDIANAPOLIS, IN 46268		ip code)						
**Date Reported to I	**Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	-		County of pregnancy termination MARION			
Dadiana () steate			Data of		1 221	41-				
Patient's age** 21	Marrie [	d ☐ Yes ■ No	Date of pregnancy ter 05/23/2		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	n or Othe		☐ Asian ■ Bla ☐ White ☐ Oth		can American			y anic or Latino Hispanic or Latino		
Other Termination	ns: N	umber of spontaneou				Numb	per of induced termi	-		
	ns (Do no		ation. If more than six (		ost recent.)					
1. 05/21/2015	2	1	3		4		5	cation(s) of Pregnancy Termination		
Fetus delivered alive		if yes, length of ti	me fetus survived:				None	Uterine Perforation		
								_		
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag			
☐ Yes ■	☐ Yes ■ No						☐ Infection	Retained Products		
							Other (Spec	cify)		
Pathological examination performed?  If yes, results:										
☐ Yes ■ No							Did this terminati  Yes N	on of pregnancy result in a maternal death?		
							o			
			Туј	oe of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy			Additional Pr	rocedure	e that Terminated P	regnancy		
Medical (Nonst							rgical) Mifepriston			
Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
■ Medical (Surgical) Suction Curettage							ge.			
	cal) Mer	strual Aspiration				(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
iviedicai (Surgio	cai) Oui	н (зресіју)			Wiedicai	(Surgic	ai) Oulei (specify)			
For Medical (Surgic			• •				•	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following quest	ions.	If the previou	ıs questi	ion was answered y	es, complete the following questions.		
Was the fetus give	n the bes	t opportunity to surv	vive?		Was the fet	us giver	n the best opportuni	ty to survive?		
☐ Yes [		11 7				Yes [		•		
			regnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	roccaure	to avert death of ser	ious impairment to the	pregnam	woman?	d the pr	occure to avert de	an of serious impairment to the pregnant		
					1					
Date last normal me			Physic	ian estimat	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		17/2018 e and post fertilization	on age determined?		9			7		
ULTRASOUND		•								
Full name of physics										
			mber and street, city, st	ate, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268							
**D . D	, DCC	'CD ('								
•			16 (month, day, year): _					_		
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/06/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Pacility Name and Address In-Georgetown ROAD, INDIANAPOLIS, IN, 46268				ty or tov	vn, of pregna	•			County of pregnancy termination MARION	
Patient's age**	Married		Date of pregnance	cy terminati	ion	Educat	tion				
25	Yes	s 🔳 No		/23/2018						ollege, No Degree	
Race American Indian Native Hawaiian	or Other Paci	fic Islander	Asian White	Black or . Other	African	American	_	known	■ Not I	y anic or Latino Hispanic or Latino ☐ Unknown	
Live Births:		now living	0					er now d		0	
Other Termination	5.		us terminations 0				Numb	er of ind	uced termi	nations 0	
Dates of termination			nation. If more than			recent.)		_		,	
Fetus delivered alive			ime fetus survived:		4			5	Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ I	-	,						■ N	None	☐ Uterine Perforation	
						Hemorrhage Cervical Lacerat					
Fetus viable?		able, medical	reason for termina	ation:		☐ Infection ☐ Retained Products					
☐ Yes ■ I	NO					Other (Specify)					
Data to the control of	Pathological evamination If we results:							Other (Spec	cify)		
Pathological examination											
☐ Yes ■ No							Did this		on of pregnancy result in a maternal death?		
									<u> </u>		
				Type of T	Fermina	tion Procedur	es				
Procedure that Term	inated Pregnan	ісу			1	Additional Pr	ocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsurgical) Miscorpotal				]				lifepriston			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					] [				lisoprosto ther (Spec		
Medical (Following Carly)											
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgio	cal) Menstrual	Aspiration			ן	Medical	(Surgic	al) Mens	trual Aspi	ration	
☐ Medical (Surgio	cal) Other ( $Spe$	ecify)				Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgical	al) procedures,	answer the fo	ollowing question.		I	For Medical (	Surgica	al) proced	ures, answ	ver the following question.	
Was the fetus viable Yes	le or have a po  No	st fertilization	age at least 20 we	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was answe	red yes, comp	olete the following	questions.	1	If the previous question was answered yes, complete the following questions.					
Was the fetus given ☐ Yes [		ortunity to sur	vive?				ıs giver Yes [		opportuni	ty to survive?	
What was the basis	= s for determina	tion that the r	regnant woman ha	ad a conditio	on	What was th	ne basis	for deter	mination t	hat the pregnant woman had a condition	
that required the pr woman?										ath or serious impairment to the pregnant	
woman?						woman?					
Data last named ma	naaa haaan		Гт	Dhyaiaian aat	timata a	of gestation (i		~ \	Dogt fo	untilization and of the fotog (in unades)	
Date last normal men	03/01/20	18	ľ	rnysician esi	stimate o	13	n weeks	s)	Post le	ertilization age of the fetus (in weeks)	
How were the gestat	ional age and p	ost fertilizati	on age determined	?					•		
ULTRASOUND											
Full name of physici	an performing	termination									
DR. CASANDRA C		commanon									
Address of physician	-			rity, state, an	nd zip co	ode)					
8590 GEORGETO	IVIN RUAD, II	NUMINAPUL	.i.J, IIN 40200								
**Data Raported	*Date Reported to DCS, if Patient under 16 (month, day, year):										
_										_	
DATE RECEIVE	ED BY ISDH	(month, day,	year):	10	<del> </del>					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess	City o	r town, of pregna	ancy termination		County of pregnancy termination			
PPIN-GEÓRGETOWN OR (PPG	I) - 8590 GEORGETOWN ROAD, INDIANAP	OLIS, IN, 46268		NAPOLIS		MARION			
Patient's age** Ma	arried Date of p	oregnancy termination 05/23/2018	Educa		Some Coll	ege, No Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Black or Afr	ican American	Unknown	Not His	ic or Latino 🔲 Unknown			
Live Births:	Number now living	1		Number now d		0			
Other Terminations:	Number of spontaneous terminat	ions 0		Number of ind	uced termina	ations 0			
Dates of terminations (D	o not include this termination. If m	, ,							
Fetus delivered alive?	If yes, length of time fetus si		4	5		tion(s) of Pregnancy Termination			
☐ Yes ■ No	y -s,g			1	None	☐ Uterine Perforation			
				☐ Cervical Laceration					
Fetus viable?  Yes No	If viable, medical reason for	termination:			Infection	Retained Products			
					Other (Specif	_			
Pathological examination	If yes, results:				эшсі (Бресіў	<i>y)</i>			
performed?						6 11 10			
l les l No				Did this		of pregnancy result in a maternal death?			
	Type of Termination Procedures								
Procedure that Terminate	ed Pregnancy		Additional P	rocedure that Ter	minated Preg	gnancy			
Medical (Nonsurgic				(Nonsurgical) M					
☐ Medical (Nonsurgic Medical (Nonsurgic				(Nonsurgical) N (Nonsurgical) C	y)				
Medical (Surgical)				(Surgical) Sucti					
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspirat r ( <i>Specify)</i>	tion			
For Medical (Surgical) p	rocedures, answer the following qu	estion.	For Medical	(Surgical) proced	lures, answer	r the following question.			
Was the fetus viable or	have a post fertilization age at least		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
Yes I N		loving questions	_	_	nawarad yas	complete the following questions			
	was answered yes, complete the fole best opportunity to survive?	lowing questions.		us given the best	•	, complete the following questions.			
Yes N				Yes No	opportunity	to survive:			
	determination that the pregnant we lure to avert death or serious impai					at the pregnant woman had a condition			
woman?	dure to avert death or serious impai	rment to the pregnant	woman?	a the procedure t	o avert death	n or serious impairment to the pregnant			
Date last normal menses	-	Physician estim	ate of gestation (	in weeks)	Post ferti	ilization age of the fetus (in weeks)			
	UNKNOWN  I age and post fertilization age dete	rmined?	13			11			
ULTRASOUND									
Full name of physician performing termination DR. CASANDRA CASHMAN									
	forming termination (number and s		ip code)						
0390 GEORGETOWN	ROAD, INDIANAPOLIS, IN 462	.00							
**Date Reported to D	OCS, if Patient under 16 (month,	day, year):							
DATE RECEIVED I	BY ISDH (month, day, year):06	6/06/2018							

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Facility Name and A PPIN-GEORGETOWN OR (	y Name and Address ORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or					ncy terr	mination .IS		County of pregnar	acy termination		
Patient's age**		. ,	Date of pregnancy terr	nination	Educa	tion						
27	Maı	ried Yes I No	05/30/20		Educa	uon	Hi	igh Schoo	ol Diploma or GE	:D		
Race American Indian Native Hawaiian		laska Native [		ck or Africa	an American	□IJn	ıknown	Ethnicity  Hispa	nic or Latino	☐ Unknown		
Live Births:		Number now living					per now de		•			
Other Terminations	_	Number of spontaneou	s terminations			Numb	per of indu	iced termin	ations			
		not include this termina	0	6) those me	ost recent )				0			
1		2	3		4		5		6			
Fetus delivered alive	?	If yes, length of tir	ne fetus survived:					ion(s) of Pregnancy Termination				
☐ Yes ■ N	No						  ■ N	■ None ☐ Uterine Perforation				
								I ama a mula a a a		ical I accretion		
Fetus viable?		If viable, medical r	eason for termination:					Iemorrhage	e 🔲 Cervi	ical Laceration		
☐ Yes ■ N	No						☐ Ir	nfection	☐ Retai	ned Products		
							□ C	Other (Speci	ify)			
Pathological examination												
performed? ☐ Yes ■ No							Did this termination of pregnancy result in a maternal death?					
						Yes No						
			Тур	e of Termin	nation Procedu	res						
Procedure that Termi	inated	l Pregnancy			Additional Pr	ocedure	e that Terr	minated Pre	egnancy			
☐ Medical (Nonsu	rgica	l) Mifepristone			☐ Medical	(Nonsu	ırgical) M	Iifepristone	,			
☐ Medical (Nonsu		l) Misoprostol l) Other ( <i>Specify</i> )						lisoprostol	fv)			
ivicultar (140fisa	igica	) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgic		uction Curettage Ienstrual Aspiration						on Curettag trual Aspir				
☐ Medical (Surgic					Medical	(Surgic	al) Other	(Specify)	ation			
E M-4:1 (C	.1\				F M-4:1	·C:	-1\1					
For Medical (Surgica	u) pro	ocedures, answer the fol	lowing question.		For Medical	Surgica	ai) proced	ures, answe	er the following que	estion.		
	e or l	have a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous questi	ion w	as answered yes, comple	ete the following questi	ons.	If the previou	s quest	ion was ar	nswered ye	s, complete the foll	owing questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to survi	ve?					opportunity	y to survive?			
				11.1	_		□ No					
		etermination that the proof or avert death or seri				s the basis for determination that the pregnant woman had a condition ired the procedure to avert death or serious impairment to the pregnant						
woman?					woman?							
Date last normal men	ises b	egan	Physic	ian estimate	e of gestation (i	n week:	s)	Post fer	tilization age of the	e fetus (in weeks)		
	(	2/24/2018			13				11	·		
=	ional	age and post fertilization	n age determined?									
ULTRASOUND												
Full name of physicia DR. CASANDRA C		· ·										
		orming termination (num	nber and street, city, sta	ate, and zip	code)							
1 *		OAD, INDIANAPOLI		. •1	•							
WAD . B	_	ag ich										
**Date Reported t	o D(	CS, if Patient under 1										
DATE RECEIVE	D B	Y ISDH (month, day, y	vear):06/06/2018						-			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or 1	town, of pregna	ncy termination	n	County of pregnancy termination  MARION				
	ancy termination	Educat	tion	Asso	ciate Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric ■ Other	an American	Unknown	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown			
Live Births: Number now living 1			Number now	deceased	0				
Other Terminations: Number of spontaneous terminations 0			Number of in	duced termir	nations 0				
Dates of terminations (Do not include this termination. If more to	han six (6), those m	ost recent.)							
Fetus delivered alive?  If yes, length of time fetus surviv	ad:	4	5	Complic	ation(s) of Pregnancy	s) of Pregnancy Termination			
Yes No	cu.			None	☐ Uterine Perforation				
					_	al Laceration			
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage					
Yes No				Infection		ed Products			
				Other (Spec	ify)				
Pathological examination performed?  If yes, results:									
☐ Yes ■ No		Did this termination of pregnancy result in a maternal death?  Yes No							
Type of Termination Procedures									
Procedure that Terminated Pregnancy		Additional Pr	ocedure that To	erminated Pro	egnancy				
Medical (Nonsurgical) Mifepristone									
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
Medical (Notistingical) Other (Specify)	(JY)								
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Suc (Surgical) Me	nstrual Aspir	ge ration				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	er (Specify)					
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proce	edures, answe	er the following ques	tion.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	s, complete the follow	wing questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bear	st opportunit	y to survive?				
What was the basis for determination that the pregnant woman					nat the pregnant wom				
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that required woman?	d the procedure	to avert dea	th or serious impairm	ent to the pregnant			
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the f	etus (in weeks)			
UNKNOWN	nd9	7			5				
How were the gestational age and post fertilization age determin ULTRASOUND	ea?								
Full name of physician performing termination									
DR. CASANDRA CASHMAN  Address of physician performing termination (number and street)	t. city, state, and zin	code)							
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
**Data Danastad to DCC : ED-time 1 1// 1	*Deta Described to DCC if Detication den 16 / 11 / 12								
**Date Reported to DCS, if Patient under 16 (month, day,					-				
DATE RECEIVED BY ISDH (month, day, year):					-				

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PPIN-GEORGETOWN OR (PPG		AD, INDIANAPOLIS, IN, 46268	City or tov	City or town, of pregnancy termination INDIANAPOLIS					cy termination	
Patient's age** M	farried Yes No	Date of pregnancy term 05/30/20		Educa	tion		Rach	elor's Degree		
Race American Indian or	Alaska Native	Asian Blac	ck or African	American			Ethnicity  Hispa	nic or Latino		
☐ Native Hawaiian or Live Births:	Number now living	☐ White ■ Oth	er			known ber now do		Hispanic or Latino	Unknown	
Other Terminations:	Number of spontane	ous terminations			Numb	per of indu	aced termin	nations		
	o not include this term	0 ination. If more than six (6	5), those mosi	t recent.)				1		
1. 2007	2	3	4							
Fetus delivered alive?  Yes No	If yes, length of	time fetus survived:					ation(s) of Pregnanc	tion(s) of Pregnancy Termination		
				■ None ☐ Uterine Pe					ne Perforation	
Fetus viable?	If viable, medica	al reason for termination:				☐ H	Hemorrhage	e	cal Laceration	
☐ Yes ■ No						☐ Iı	nfection	☐ Retain	ned Products	
	Other (Specify)									
Pathological examinatio performed?	If yes, results:									
Yes ■ No  Did this termination of pregnancy  Yes ■ No									lt in a maternal death?	
						Yes	S 🔳 No	)		
		Tun	e of Termina	tion Procedu	res					
Procedure that Terminat	ed Pregnancy	1 y p		Additional Procedu		a that Tam	minated De	egnancy		
						•				
☐ Medical (Nonsurgio	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						Iifepristone Iisoprostol			
Medical (Nonsurgio	cal) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)  Medical (Surgical)	Suction Curettage Menstrual Aspiration			Medical Medical	(Surgic	al) Suctional) Mens	on Curettag trual Aspir	ge ration		
Medical (Surgical)			i	☐ Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgical) p	procedures, answer the	following question.	I	For Medical	(Surgica	al) proced	ures, answ	er the following que	stion.	
Was the fetus viable or  ☐ Yes ■ 1		n age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	was answered yes, com	plete the following question	ons.	If the previou	ıs quest	ion was aı	nswered ye	es, complete the follo	owing questions.	
Was the fetus given the ☐ Yes ☐ I	e best opportunity to su	rvive?			us givei Yes [		opportunit	y to survive?		
		musement ryemen had a co	n dition	_			mination th	act the macement view	aan had a aanditian	
that required the proce		pregnant woman had a cor erious impairment to the p		that require				nat the pregnant won th or serious impairr		
woman?				woman?						
Data last no1	hagan	ni · ·	on esti	of goodstill (	in 1		Do-4 C	wilization Cd	fotus (in	
Date last normal menses	UNKNOWN	Physici	an estimate o	of gestation (i	ın week:	S)	Post fer	rtilization age of the	ieius ( <i>in weeks)</i>	
How were the gestationa	al age and post fertilizat	ion age determined?								
ULTRASOUND										
Full name of physician p	performing termination									
DR. CASANDRA CAS	HMAN									
Address of physician pe 8590 GEORGETOWN	-	umber and street, city, sta LIS, IN 46268	te, and zip co	ode)						
_		16 (month, day, year):						-		
DATE RECEIVED	BY ISDH (month, day	y, year):06/06/2018						_		

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Facility Name and Addre	ESS ) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or City or		ncy termination		County of pregnancy termination  MARION				
Patient's age** Ma	arried Date of pregr	nancy termination	Educa							
25	arried _	05/30/2018		Н		Diploma or GED				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White	Black or Afric	can American	Unknown	☐ Not His	c or Latino Unknown				
Live Births:	Number now living 1			Number now deceased <b>0</b>						
Other Terminations:	Number of spontaneous terminations 1			Number of inde	uced termina	0				
Dates of terminations (D	o not include this termination. If more i			=		6				
Fetus delivered alive?	If yes, length of time fetus surviv		4	5		ion(s) of Pregnancy Termination				
☐ Yes ■ No				■ N	None	☐ Uterine Perforation				
				F	Hemorrhage	☐ Cervical Laceration				
Fetus viable?  Yes No	If viable, medical reason for term			nfection	Retained Products					
					Other (Specif	<u> </u>				
Pathological examination	n If yes, results:				outer (Speed)	′′				
performed?  Yes No				Didthic	tamainatian	of manager regult in a material death?				
l les l No	☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No									
Г										
		Type of Termi	ination Procedur	res						
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgic				(Nonsurgical) M						
Medical (Nonsurgic Medical (Nonsurgic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage		☐ Medical	(Surgical) Sucti	on Curettage					
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other	strual Aspirat					
	1 327				1 337					
For Medical (Surgical) p	rocedures, answer the following question		For Medical (	(Surgical) proced	lures answer	the following question.				
	have a post fertilization age at least 20					zation age at least 20 weeks?				
Yes N		weeks:		Yes No	a post tertin	zation age at icast 20 weeks:				
If the previous question v	was answered yes, complete the following	ng questions.	If the previou	s question was a	nswered yes,	complete the following questions.				
	best opportunity to survive?			us given the best	opportunity	to survive?				
Yes N				Yes 🗌 No						
	determination that the pregnant womar lure to avert death or serious impairmen					t the pregnant woman had a condition or serious impairment to the pregnant				
woman?			woman?							
		I			1-					
Date last normal menses	began 03/23/2018	Physician estimat	te of gestation (i <b>9</b>	in weeks)	Post ferti	lization age of the fetus (in weeks) 7				
_	l age and post fertilization age determin	ned?			l					
ULTRASOUND										
Full name of physician p	erforming termination									
Full name of physician performing termination DR. CASANDRA CASHMAN										
	forming termination (number and stree ROAD, INDIANAPOLIS, IN 46268	t, city, state, and zip	o code)							
	,,, 10200									
**Date Reported to D	CS, if Patient under 16 (month, day	, year):								
DATE RECEIVED I	BY ISDH (month, day, year): 06/06	/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination INDIANAPOLIS MARION										
Patient's age** Ma	urried Date	of pregnancy terminal		Education						
23	Yes No	05/30/2018					te Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander   W		· African Ameri	U	nknown [		or Latino anic or Latino			
Live Births:	Number now living	0			mber now deceased 0					
Other Terminations:	Number of spontaneous term	0			Number of induced terminations 0					
Dates of terminations (De	o not include this termination.	If more than six (6), th	ose most recent	:.)	5		6			
Fetus delivered alive?	If yes, length of time fet	us survived:	4		3	Complicatio	n(s) of Pregnancy Termination			
☐ Yes ■ No					■ Noi	ne	☐ Uterine Perforation			
					☐ Her	morrhage	☐ Cervical Laceration			
Fetus viable?  ☐ Yes ■ No	If viable, medical reason	for termination:				ection	☐ Retained Products			
						ner (Specify)	_			
Pathological examination	If yes, results:					ю (Бресіду)				
performed?  Did this termination of pregnancy result in a maternal death?										
Yes ■ No Did this termination of pregnancy result in a maternal death?  Yes ■ No										
		Type of	Termination Pro	ocedures						
Procedure that Terminate	ed Pregnancy		Additio	nal Procedu	re that Termi	nated Pregna	ancy			
☐ Medical (Nonsurgical	al) Mifepristone		☐ Me	edical (Nons	urgical) Mif	epristone				
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical					urgical) Mis urgical) Oth					
	1 33/			`	,	(1 33)				
Medical (Surgical) S	Suction Curattaga			dical (Surgi	cal) Suction	Curattaga				
☐ Medical (Surgical)	Menstrual Aspiration			edical (Surgi	ical) Menstru	ual Aspiratio	on			
☐ Medical (Surgical) (	Other (Specify)		L Me	edical (Surgi	ical) Other (S	Specify)				
For Medical (Surgical) pr	rocedures, answer the following	g question.	For Me	dical (Surgio	cal) procedure	es, answer th	ne following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at To	least 20 weeks?	Was t	he fetus vial		post fertiliza	ation age at least 20 weeks?			
If the previous question v	was answered yes, complete th	e following questions.	If the pr	revious ques	tion was answ	wered yes, c	omplete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?		Was t	he fetus give	en the best op  No	portunity to	survive?			
What was the basis for	determination that the pregnar	ıt woman had a conditi	on What	was the basi	is for determi	ination that t	he pregnant woman had a condition			
	lure to avert death or serious in			equired the p			or serious impairment to the pregnant			
woman.			Wollia							
Date last normal menses	hegan	Physician e	stimate of gesta	tion (in week	ks)	Post fertiliz	zation age of the fetus (in weeks)			
	03/13/2018		13	(**************************************	,		11			
How were the gestational <b>ULTRASOUND</b>	age and post fertilization age	determined?								
OLINASCOND										
Full name of physician po	erforming termination									
DR. CASANDRA CASH	HMAN									
	forming termination (number of ROAD, INDIANAPOLIS, IN		nd zip code)							
**Date Reported to D	CS, if Patient under 16 (me	onth, day, year):								
DATE RECEIVED B	BY ISDH (month, day, year):	06/06/2018								

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		D, INDIANAPOLIS, IN, 46268	City or to	wn, of pregna	ncy termir	Count		ey termination			
Patient's age** Ma	nrried Yes No	Date of pregnancy term <b>05/30/20</b> 2		Educat	tion	High S	chool Dipl	oma or GEI	)		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe	k or African	American	Unkno	own l	icity Hispanic or I Not Hispanic		Unknown		
Live Births:	Number now living	1			Number now deceased <b>0</b>						
Other Terminations:	Number of spontaneou	0			Number	of induced t	erminations	0			
Dates of terminations (Do		ation. If more than six (6,				_					
Fetus delivered alive?  Yes No	If yes, length of tin		4.			Con  None	nplication(s)	of Pregnancy Uterin	y Termination e Perforation		
Fetus viable?  Yes No	If viable, medical	reason for termination:			☐ Hemor	C		al Laceration ed Products			
Pathological examination performed?  Tyes No Did this termination of pregnancy result in a maternal did to the second of the sec											
Type of Termination Procedures											
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Cu Menstrual Other (Spec	Aspiration				
For Medical (Surgical) p	rocedures, answer the fol	llowing question.		For Medical (	(Surgical)	procedures,	answer the fo	ollowing ques	etion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization lo	age at least 20 weeks?			us viable o Yes 🔲 🗎		t fertilization	n age at least 2	20 weeks?		
If the previous question v	was answered yes, complete best opportunity to surv		ns.	If the previou  Was the fetu	•		,	•	wing questions.		
Yes N					res $\square$		tunity to sur				
		egnant woman had a con ous impairment to the pr							an had a condition nent to the pregnant		
Date last normal menses	began	Physicia	nn estimate (	of gestation (i	n weeks)	Po	st fertilizati	on age of the	fetus (in weeks)		
How were the gestational	04/11/2018 I age and post fertilization	n age determined?		6				4			
OLIKASOUND	ULTRASOUND										
Full name of physician p	-										
Address of physician per 8590 GEORGETOWN	-		e, and zip co	ode)							
**Date Reported to D	**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDI.	ANAPOLIS, IN, 46268		r town, of pregnancy termination County of pregnancy to INDIANAPOLIS MARI							
Patient's age** Married Date	e of pregnancy termina	ation Edu	cation							
41 ☐ Yes ■ No	05/30/2018		•	ate/Professional Degree						
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Live Births: Number now living		or African American		nicity Hispanic or Latino Not Hispanic or Latino						
Other Terminations: Number of spontaneous term	ninations 0		Number of induced t	erminations 2						
Dates of terminations (Do not include this termination.  1. 1997  2. 2005			5	-						
Fetus delivered alive? If yes, length of time fe				mplication(s) of Pregnancy Termination						
☐ Yes ■ No			■ None	☐ Uterine Perforation						
			— ☐ Hemoi	rhage						
Fetus viable? If viable, medical reason	n for termination:		☐ Infecti	on Retained Products						
			Other (Specify)							
Pathological examination				БРССДУ						
performed?										
☐ Yes ■ No				ination of pregnancy result in a maternal death?  No						
	Type of	Termination Proceed	lures							
Procedure that Terminated Pregnancy		Additional	Procedure that Terminat	ed Pregnancy						
Medical (Nonsurgical) Mifepristone			al (Nonsurgical) Mifepr							
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			edical (Nonsurgical) Misoprostol edical (Nonsurgical) Other (Specify)							
Medical (Surgical) Suction Curettage		—	al (Surgical) Suction Cu	rettage						
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		☐ Medic	al (Surgical) Menstrual al (Surgical) Other (Spe	Aspiration						
iviculcai (Surgicai) Onici (Specify)		Wiedle	ar (Surgicar) Onici (Spe	Llyy						
For Medical (Surgical) procedures, answer the following	ng question	For Medica	d (Surgical) procedures	answer the following question.						
Was the fetus viable or have a post fertilization age a				0.1						
Yes No	t least 20 weeks?		Yes No	t fertilization age at least 20 weeks?						
If the previous question was answered yes, complete the	ne following questions.	. If the previ	ous question was answer	red yes, complete the following questions.						
Was the fetus given the best opportunity to survive?			etus given the best oppor	rtunity to survive?						
What was the basis for determination that the pregnar	nt women had a gondit		_	ion that the pregnant woman had a condition						
that required the procedure to avert death or serious is		nant that requi		rt death or serious impairment to the pregnant						
woman?		woman?								
Data lost normal many l	DI ::	agtimatC · · ·	(in the Late)	out familiantionf-d C						
Date last normal menses began 04/16/2018	Physician	estimate of gestatior 5	(in weeks)	ost fertilization age of the fetus (in weeks)  3						
How were the gestational age and post fertilization age	determined?		1							
ULTRASOUND										
Full name of physician performing termination										
DR. CASANDRA CASHMAN										
Address of physician performing termination (number 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN		and zip code)								
The second secon	·== • •									
**Date Reported to DCS, if Patient under 16 (me	onth, day, year):									
=				<del></del>						

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PPIN-GEORGETOWN OR (P	ldress PGI) - 8	590 GEORGETOWN ROAD	), INDIANAPOLIS,	IN, 46268 City	or town, of pregr	ancy termination	Count	ty of pregnancy termination  MARION		
24	Marrie [	ed Yes • No		nancy termination 05/30/2018	n Educ	ation <b>F</b>	ligh School Dip	loma or GED		
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	■ Black or A □ Other	frican American	Unknown	Ethnicity Hispanic or l Not Hispanic			
Live Births:	N	umber now living	1			Number now o	leceased	0		
Other Terminations:	: N	umber of spontaneou	s terminations 0			Number of inc	luced terminations	0		
Dates of terminations										
Fetus delivered alive?		If yes, length of tir			_ 4	5	Complication(s)	of Pregnancy Termination		
☐ Yes ■ N	O						None	Uterine Perforation		
						п	Hemorrhage	Cervical Laceration		
Fetus viable?  Yes No.		If viable, medical i	reason for term	nination:			Infection	Retained Products		
l les E N	U							Retained Froducts		
Pathological examinat	tion	If yes, results:					Other (Specify)			
performed?		if yes, results.								
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No										
				Type of Te	rmination Proced	ures				
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsur					☐ Medica	l (Nonsurgical) 1	Mifepristone			
Medical (Nonsur						l (Nonsurgical) I l (Nonsurgical) (				
_ ` .	,	1 327				` ' '	(1 33)			
Medical (Surgica	1) <b>C</b> no	tion Curattaga			_	l (Surgical) Suct	ion Curattaga			
	l) Me	nstrual Aspiration			☐ Medica	l (Surgical) Men	strual Aspiration			
Medical (Surgica	il) Oth	er (Specify)			☐ Medica	l (Surgical) Othe	er (Specify)			
For Medical (Surgical	) proce	edures answer the fol	lowing questic	on	For Medical	(Surgical) proces	dures answer the f	following question.		
	_	ve a post fertilization						n age at least 20 weeks?		
Yes T		e a post fertilization a	age at least 20	weeks:		Yes No	e a post fertilization	n age at least 20 weeks:		
If the previous question	on was	answered yes, compl	ete the followi	ng questions.	If the previo	ous question was a	nnswered yes, com	plete the following questions.		
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?			etus given the bes Yes \(\Boxed{\text{No}}\) No	t opportunity to sur	rvive?		
		ermination that the pr to avert death or seri			What was	the basis for dete	rmination that the p	pregnant woman had a condition erious impairment to the pregnant		
woman?	ceaure	to avert death or sen	ous impairmei	it to the pregnan	woman?	ed the procedure	to avert death or se	erious impairment to the pregnant		
Date last normal mens	-			Physician esti	mate of gestation	(in weeks)	Post fertilizati	on age of the fetus (in weeks)		
How were the gestation	How were the gestational age and post fertilization age determined?									
ULTRASOUND										
E II C										
Full name of physician DR. CASANDRA CA	ASHM	AN	,							
Address of physician p 8590 GEORGETOW	_	-		t, city, state, and	zip code)					
**Date Reported to	DCS	, if Patient under 1	6 (month, day,	year):						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Live Births:  Number now living  1  Other Terminations:  Number of spontaneous terminations 0  Number of induced terminations 0  Dates of terminations (Do not include this termination. If more than six (6), those most recent.)  1							
Race							
American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White Other  I Unknown Number now living Other Terminations:  Number of spontaneous terminations Other Terminations (Do not include this termination. If more than six (6), those most recent.)    Native Hawaiian or Other Pacific Islander   White							
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)  1 2 3 4 5 6	known						
1 2 3 4 5 6							
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  Complication(s) of Pregnancy Terminat  None  Uterine Perforati							
☐ Hemorrhage ☐ Cervical Lacerati	ion						
Fetus viable? If viable, medical reason for termination:  ☐ Yes ■ No ☐ Infection ☐ Retained Produc							
Other (Specify)							
Pathological examination If yes, results:							
performed?							
Yes ■ No  Did this termination of pregnancy result in a mate  Yes ■ No	rnal death?						
Type of Termination Procedures							
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)	Medical (Nonsurgical) Misoprostol						
■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration         □ Medical (Surgical) Other (Specify)        Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20 weeks?  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No							
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.	tions.						
Was the fetus given the best opportunity to survive?  Yes No  Was the fetus given the best opportunity to survive?  Yes No							
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the woman?							
Date last normal menses began  O3/02/2018  Physician estimate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)  13	eeks)						
How were the gestational age and post fertilization age determined?  ULTRASOUND							
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  06/06/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or to		ncy termination	County of pregnancy termination MARION			
	ancy termination	Educa		ligh School	Diploma or GED	)	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	■ Black or Africa □ Other	nn American	Unknown Number now		or Latino panic or Latino	☐ Unknown	
Live Births:			Number of ind		0		
Other Terminations: Number of spontaneous terminations 0	. (6) 4		Number of mo	uced terminati	0		
Dates of terminations (Do not include this termination. If more the life in th	nan six (6), those mo	st recent.) 	5		6		
Fetus delivered alive? If yes, length of time fetus survivo	ed:			Complication	on(s) of Pregnancy	Termination	
☐ Yes ■ No				None	☐ Uterine	e Perforation	
Fetus viable? If viable, medical reason for term	ination			Hemorrhage	☐ Cervic	al Laceration	
Yes No	mauon.			Infection	Retain	ed Products	
				Other (Specify)	)		
Pathological examination If yes, results:							
performed? ☐ Yes ■ No	of pregnancy result	in a maternal death?					
	Type of Termin	nation Procedur	res				
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	minated Pregr	ancy		
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical) N				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) Nonsurgical) (Nonsurgical)				
				. 1			
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suct	ion Curettage			
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Men	strual Aspiration	on		
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	r (Specify)			
						_	
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	(Surgical) proced	dures, answer t	he following ques	tion.	
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?		us viable or have Yes    No	e a post fertiliz	ation age at least 2	0 weeks?	
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	inswered yes, o	complete the follow	wing questions.	
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best Yes \(\Boxed{\text{No}}\) No	opportunity to	survive?		
What was the basis for determination that the pregnant woman						an had a condition	
that required the procedure to avert death or serious impairmen woman?	t to the pregnant	that required woman?	d the procedure	to avert death	or serious impairm	ent to the pregnant	
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fertili	zation age of the f	etus (in weeks)	
02/22/2018	ad2	13			11		
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	ea !						
Full name of physician performing termination DR. CASANDRA CASHMAN							
Address of physician performing termination (number and street	, city, state, and zip	code)					
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268							
**Date Reported to DCS, if Patient under 16 (month, day,	year):						
DATE RECEIVED BY ISDH (month, day, year): 06/06/2	2018						

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address Prin-George Town or (PPG	2SS 1) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	r town, of pregnan	•	County of pregnancy termination  MARION					
Patient's age**  32  Race  American Indian or American Indian	☐ Yes ■ No Alaska Native ☐ Asian	nancy termination  05/30/2018   Black or Afri		Sor Et	me College, No Degree hnicity ] Hispanic or Latino ] Not Hispanic or Latino					
Live Births:	Number now living			Number now decea	sed					
Other Terminations:	Number of spontaneous termination			Number of induced						
	0 not include this termination. If more	than six (6), those r	nost recent.)		0					
,	v	* **	*		6					
Fetus delivered alive?  Yes No	If yes, length of time fetus survi	ved:		■ None	<u>_</u>					
Fetus viable?  Yes No	If viable, medical reason for terr	nination:		☐ Infec	orrhage					
Pathological examination performed?	If yes, results:			Did this term	mination of pregnancy result in a maternal death?					
☐ Yes ■ No										
		Type of Term	nination Procedure	es						
Procedure that Terminate	ed Pregnancy		Additional Pro	cedure that Termina	ated Pregnancy					
■ Medical (Nonsurgical) Mifepristone        Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol        Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)        Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		Medical (	Surgical) Suction C Surgical) Menstrua Surgical) Other (Sp	l Aspiration					
For Medical (Surgical) p	rocedures, answer the following questi	on.	For Medical (S	Surgical) procedures	s, answer the following question.					
	have a post fertilization age at least 20		Was the fetus		ost fertilization age at least 20 weeks?					
If the previous question	was answered yes, complete the follow	ing questions.	If the previous	question was answe	ered yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive? No			s given the best opp	ortunity to survive?					
	determination that the pregnant woma dure to avert death or serious impairme				ation that the pregnant woman had a condition ert death or serious impairment to the pregnant					
Date last normal menses	began	Physician estima	ate of gestation (in	weeks)	Post fertilization age of the fetus (in weeks)					
	04/22/2018		6		4					
How were the gestational age and post fertilization age determined?  ULTRASOUND										
Full name of physician p	=									
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268		ip code)							
**Date Reported to D	OCS, if Patient under 16 (month, day	y, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	iress F Merrillville - 8645 Connec	CTICUT STREET,	City or town	n, of pregna	cy termination  AKE					
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion					
21	☐ Yes ■ No	05/16/201	18				ollege, No Degree			
		Asian Blac Othe	k or African A	American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number of spontaneou	0		Number now deceased  0  Number of induced terminations						
Other Terminations:	Do not include this termin	0	\ 4h aga aga		Number of ma	ucca termi	0			
1		3		eceni.)	5		6			
Fetus delivered alive?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No	'				<b>I</b>	None	☐ Uterir	ne Perforation		
Fetus viable?	If viable medical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes No		reason for termination.			_ I	nfection	☐ Retair	ned Products		
					Other (Spec	cify)				
Pathological examination	on If yes, results:									
performed?  Yes No	)		Did this termination of pregnancy result in a maternal dea							
					☐ Yes			at in a material deadi.		
		Туре	of Terminatio	on Procedu	res					
Procedure that Termina	ated Pregnancy		Ad	dditional Pr	ocedure that Ter	minated Pr	regnancy			
☐ Medical (Nonsurging Med					(Nonsurgical) N					
	ical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	) Suction Curettage		_		(Surgical) Sucti					
☐ Medical (Surgical) ☐ Medical (Surgical)	) Menstrual Aspiration ) Other (Specify)				(Surgical) Mens (Surgical) Other		ration			
For Medical (Surgical)	procedures, answer the fo	llowing question		r Medical (	(Surgical) proced	lures answ	ver the following que	 stion		
	or have a post fertilization									
Yes Yable		age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	n was answered yes, compl	lete the following questio	ons. If	the previou	s question was a	nswered y	es, complete the follo	wing questions.		
	he best opportunity to surv	rive?	1	Was the fetus given the best opportunity to survive?						
☐ Yes ☐				_	Yes 🗌 No					
	or determination that the preduce to avert death or seri						hat the pregnant won ath or serious impairr			
woman?			V	that required the procedure to avert death or serious impairment to the woman?						
			l			<b>1</b> .				
Date last normal mense	es began 02/15/2018	Physicia	nn estimate of	gestation (i	n weeks)	Post fe	ertilization age of the <b>10</b>	fetus (in weeks)		
	nal age and post fertilization	on age determined?					<u>_</u>			
ULTRASOUND										
Full name of all	norforming to									
DR. SARAH JULIA T	performing termination URNER									
	erforming termination (num	•	e, and zip cod	'e)						
0090 GEORGETOWN	N ROAD, INDIANAPOL	13, IN 40268								
**Date Reported to	DCS, if Patient under 1	6 (month, day, year):					_			
•	BY ISDH (month, day,						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN. 46410	CTICUT STREET,	City or to	own, of pregna	County of pregnancy termination <b>LAKE</b>							
Patient's age** 29	Marrie	ed Yes • No	Date of pregnancy term 05/16/20		Educa	tion	High Scho	ol Diploma or GED			
Race							Ethnicity	/			
☐ American Indian☐ Native Hawaiian	or Othe	er Pacific Islander	Asian Blac White Othe		n American	Unkno	wn Not H	anic or Latino			
Live Births:	N	umber now living	2				ow deceased	0			
Other Termination	ns:	umber of spontaneo	us terminations 0			Number o	nations 5				
Dates of termination		ot include this termir 2006	nation. If more than six (6)		st recent.) <b>2003</b>		N 6				
Fetus delivered alive		If yes, length of ti	ime fetus survived:				Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No					[	None	☐ Uterine Perforation			
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	e Cervical Laceration			
Yes Yes	No	ii viable, illedical	reason for termination.			[	Infection	☐ Retained Products			
						[	Other (Spec	cify)			
Pathological examin	ation	If yes, results:									
performed?  Yes	on of pregnancy result in a maternal death?										
							Yes No				
			Type	of Termin	ation Procedu						
Procedure that Term	inated F	regnancy			Additional P	rocedure tha	t Terminated Pr	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu							al) Mifepriston				
Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio							Suction Curetta				
Medical (Surgio		nstrual Aspiration er (Specify)			Medical Medical	(Surgical)	Menstrual Aspi Other (Specify)	ration			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question.		For Medical	(Surgical) p	rocedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	elete the following question	ons.	If the previou	is question v	was answered ye	es, complete the following questions.			
Was the fetus give		st opportunity to sur	vive?		Was the fet	us given the	best opportunit	ty to survive?			
	_	ermination that the n	regnant woman had a con	ndition				hat the pregnant woman had a condition			
			rious impairment to the pr		that require			ath or serious impairment to the pregnant			
woman?					woman?						
Date last normal me	nses beg	an	Physicia	an estimate	of gestation (	in weeks)	Post fe	rtilization age of the fetus (in weeks)			
	02/	28/2018			11	/		9			
How were the gestat  ULTRASOUND	tional ag	e and post fertilization	on age determined?								
Full name of physician	_										
Address of physician	_		umber and street, city, stat	te, and zip o	code)						
8590 GEORGETO	-	-		. •1	,						
-			16 (month, day, year):					_			
DATE DECEIVE	TD RV	ISDH (month day	vear). 06/06/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (	MONROE CO.) - 421 SOU	City or tow	or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination  MONROE				
Patient's age**	Marrie		Date of pregnance		ntion	Educa	tion						
Race	[	☐ Yes ■ No	05/3	31/2018					Some Co Ethnicity	llege, No D	egree		
☐ American Indian☐ Native Hawaiian☐	or Othe		Asian White	Black of Other	or African	American		known er now d	Hispa  Not H	nic or Latino lispanic or La		☐ Unl	known
Live Births:			0						uced termir	0			
Other Termination	13.	fumber of spontaneou	0				Nullic	er or ma	ucea termin	0			
Dates of termination	is ( <i>Do no</i>	ot include this termin	ation. If more than 3			recent.)		5.			6.		
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s) of Pr	regnancy	Terminati	on
☐ Yes ■	No							<b>•</b> 1	None		Uterin	e Perforation	on
5		If viable, medical					_ I	Hemorrhage	· 🗆	Cervic	al Laceration	on	
Fetus viable?  Yes				_ ı	nfection		Retain	ed Products	s				
					Other (Spec	ify)							
Pathological examin	If yes, results:			]	· · · · · · · · · · · · · · · · · · ·	327							
performed?		Did this termination of pregnancy result in a maternal d											
☐ Yes ■	110							Did this			cy resul	ı ın a mater	nai death?
				Type of	Terminati	ion Procedu	res						
Procedure that Term	ninated F	regnancy			Α	dditional Pi	ocedure	e that Ter	minated Pro	egnancy			
Medical (Nonsu					[				//ifepristone	e			
Medical (Nonsu  Medical (Nonsu									Misoprostol Other (Speci	fy)			
Medical (Surgio	cal) Suc	tion Curettage			—   <sub>F</sub>	7 Medical	(Surgic	al) Sucti	on Curettag	re			
☐ Medical (Surgio	cal) Me	nstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspir				
Medical (Surgio	cai) Oiii	er (specify)				_ Medicai	(Surgic	ai) Oille	r (Specify)				
												_	
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		F	or Medical	Surgica	ıl) proced	lures, answ	er the follow	ing ques	tion.	
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 wee	eks?			us viabl Yes [		a post ferti	lization age	at least 2	20 weeks?	
If the previous quest	tion was	answered yes, compl	ete the following o	questions.	If	the previou	s questi	ion was a	nswered ye	s, complete t	he follo	wing questi	ions.
Was the fetus give	n the be	st opportunity to surv	ive?	-		Was the fet	us giver	the best	opportunit	y to survive?			
☐ Yes [							Yes [		-FF	,			
		ermination that the pre-								at the pregnath or serious			
woman?	rocedure	to avert death of ser	ious impairment to	o me pregi		woman?	u ille pr	ocedure i	o avert dea	iii or serious	шранн	ient to the p	negnam
Date last normal me			P	hysician e	estimate of	f gestation (i	n weeks	s)	Post fer	tilization age		etus (in we	eks)
How were the gestat		/15/2018 e and post fertilization	n age determined?	?		9					7		
ULTRASOUND		1											
						<del></del>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Full name of physici		orming termination											
		ning termination (nu	mber and street, ci	ity, state, c	and zip co	de)							
8590 GEORGETO		,			-								
_		, if Patient under 1											
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):06/06/201	18						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or to	own, of pregna			County of pregnancy termination  MONROE							
Patient's age**	Marrie		Date of pregnar	-		Educa	tion					
Race		Yes ■ No	05	5/31/2018	<u> </u>				Some Co Ethnicity	llege, No De	egree	
American Indian Native Hawaiian	or Othe		Asian White	Black of Other	or Africa	n American		known er now d	☐ Hispa ☐ Not H	nic or Latino Iispanic or La	tino	■ Unknown
Live Births:	N	Tumber of spontaneou	1 us terminations				Number of induced terminations					
Other Termination  Dates of termination	15.	ot include this termin	0	an six (6). 1	those mos	st recent.)				0		
1	:		3			*		5			5	
Fetus delivered alive		If yes, length of ti	me fetus survived	d:					•	ation(s) of Pre	•	
								• 1	None		Uterine	e Perforation
Fetus viable?					Hemorrhage	e 🗆	Cervica	al Laceration				
☐ Yes ■				nfection		Retaine	ed Products					
Data to the state of	TC 1				Other (Spec	rify)						
Pathological examin performed?	If yes, results:											
☐ Yes ■ No ☐ ☐										on of pregnanc	y result	in a maternal death?
				Type of	f Termina	ation Procedu	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy												
Medical (Nonsu									Mifepristone			
Medical (Nonsu Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio									on Curettag			
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspir r ( <i>Specify)</i>	ation		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.			For Medical	Surgica	al) proced	lures, answ	er the following	ng quest	ion.
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 w	reeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						0 weeks?
If the previous quest	tion was	answered yes, compl	ete the following	g questions	s.	If the previou	s questi	ion was a	nswered ye	es, complete th	e follov	ving questions.
		st opportunity to surv	ive?						opportunit	y to survive?		
☐ Yes [						_	Yes [	_				
that required the pr		ermination that the pre- to avert death or seri				that require						an had a condition ent to the pregnant
woman?						woman?						
Data last normal	nees be	ran		Dhysician	actimata	of gestation (	n 1.10 .1		Doct f	rtilization as-	of the f	otus (in waaka)
Date last normal me	03	/28/2018		-	estimate	of gestation (i	n weeks	· <i>)</i>	Post Iei	unzauon age	of the f	etus (in weeks)
How were the gestat	tional ag	e and post fertilization	n age determined	d?		<del></del>	_		·			
OLINAGOUND												
Full name of physic		orming termination										
Address of physician		ming termination (nu	mher and street	city state	and zin a	rode)						
8590 GEORGETO		,		eny, siuie,	Lip C							
**Data D 1	to DOS	if Deticates 1 1	6 (									
_		s, if Patient under 1								-		
DATE RECEIVE	ED BY	ISDH (month, day,	year): 00/00/20	U 1 U						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or to	own, of pregna	•		County of pregnancy termination  MONROE					
			<u>I</u>				_1			
Patient's age**	Married	Date of pregnancy term		Educa	tion	=	Ind. N. Di.			
Race	☐ Yes ■ No	05/31/20	18			9th-	2th, No Diploma			
American Indian				n American		□Hi	spanic or Latino			
Live Births:	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known No ber now deceased	t Hispanic or Latino Unknown			
	Number of spontage	0 us terminations				per of induced ter	0 ninations			
Other Termination	15.	0	\ 41	o4 40 1	. 101110	or madeed ter	0			
Dates of termination	ns (Do not include this termin	nation. If more than six (0		st recent.)		5.	6.			
Fetus delivered alive		ime fetus survived:			lication(s) of Pregnancy Termination					
☐ Yes ■	No					■ None	☐ Uterine Perforation			
				Hemorrhage Cervical Lac						
Fetus viable?		reason for termination:								
☐ Yes ■	INO			☐ Infection ☐ Retained Products						
						Other (Specify)				
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No					l — —	tion of pregnancy result in a maternal death			
						☐ Yes ■	No			
Type of Termination Procedures										
_		Туре					_			
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated	Pregnancy			
	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Miseprist	one			
	urgical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Cure	tage			
☐ Medical (Surgio	cal) Menstrual Aspiration cal) Other (Specify)				(Surgic	cal) Menstrual As	piration			
	cai) Other ( <i>spectfy</i> )			Wiedicai	(Surgic	ai) Other ( <i>specij</i>	y)			
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, an	swer the following question.			
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	is quest	ion was answered	yes, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to sur No	vive?			us givei Yes [	n the best opportu	nity to survive?			
What was the basis	s for determination that the p	oregnant woman had a cor	ndition	What was the	he basis	for determination	n that the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			leath or serious impairment to the pregnant			
woman?				woman?						
			<u> </u>							
Date last normal me	enses began UNKNOWN	Physicia	an estimate	of gestation (i	in week:	s) Post	fertilization age of the fetus (in weeks)  8			
How were the gestat	tional age and post fertilization	on age determined?		<del>.</del>			-			
ULTRASOUND										
Full name of physics	ian performing termination									
	n performing termination (nu	umber and street, city, stat	te, and zip c	code)						
	WN RD, INDIANAPOLIS,	•								
**Date Reported	to DCS, if Patient under	16 (month, day, year):					<del></del>			
DATE DECENI	DATE RECEIVED BY ISDH (month day year). 06/06/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					mination ON	County of pregnancy termination MONROE		
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion				
23	Yes No	05/31/20 <sup>-</sup>		Zauea		High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:		■ White ☐ Othe		an American		Ethnicit Hisp Not eer now deceased	anic or Latino Hispanic or Latino  Unknown		
	Number of spontaneou	us terminations			Numb	per of induced termi	nations		
Other Termination	ns (Do not include this termin	0	), those mo	ost recent.)			0		
	2	•				5	6		
Fetus delivered alive	J, 8.	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	NO				☐ Uterine Perforation				
Fetus viable?	If viable medical	reason for termination:		Hemorrhage Cervical Laceration					
Yes •	,	reason for termination.		☐ Infection ☐ Retained Products					
				Other (Specify)					
Pathological examin	nation If yes, results:								
performed?	No					Did this terminati	on of pregnancy result in a maternal death?		
	110					Yes N			
Г									
		Туре	of Termir	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ne 1		
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)		
Medical (Surgi	☐ Medical (Surgical) Suction Curettage  ■ Medical (Surgical) Suction Curettage								
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspiral) Other (Specify)	ration		
	car) Garer (Speedy))				(Surgre	ar) Sarer (Speedy)			
For Madical (Surgice	cal) procedures, answer the fo	Howing question		For Modical	Curaia	al) procedures ones	ver the following question.		
	•	• •				•			
	ble or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No					
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.		
	en the best opportunity to surv	vive?				the best opportuni	ty to survive?		
☐ Yes [	_			_	Yes [	_			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me		Physicia	n estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gestar	UNKNOWN tional age and post fertilization	on age determined?		10			8		
ULTRASOUND									
Full name of physician performing termination									
Address of physician	n performing termination (nu	mber and street, city, stat	e, and zip	code)					
	WN RD, INDIANAPOLIS,	•	· • · · · · · · · · · · · · · · · · · ·	, 					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_		
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/18/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403				own, of pregna	•		County of pregnancy termination MONROE			
			•							
Patient's age**	Married	Date of pregnancy term		Educa	tion					
23	☐ Yes ■ No	05/31/20	18				elor's Degree			
Race American Indian				n American			nic or Latino			
	n or Other Pacific Islander Number now living	☐ White ☐ Othe	er			nknown Not I  Der now deceased	Hispanic or Latino  Unknown			
Live Births:	Number of spontages	1			Numb	per of induced termin	0 nations			
Other Termination	15.	0	· · · ·		rvanie	ger of madeed termin	0			
Dates of termination	ns (Do not include this termin	nation. If more than six (6		st recent.)		5.	6.			
Fetus delivered alive	1	me fetus survived:		*	ation(s) of Pregnancy Termination					
☐ Yes ■	No					■ None	Uterine Perforation			
				☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?		reason for termination:								
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Specify)				
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No					on of pregnancy result in a maternal death?				
						Yes No	)			
		Туре	of Termin	ation Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	egnancy			
Medical (Nonsi	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					urgical) Misoprostol urgical) Other (Spec				
ivicultar (1 vonst	urgicur) Other (speegy)			Medicar	(1401130	ingical) Other (Spec	957			
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	cal) Suction Curetta cal) Menstrual Aspir	ge ation			
	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical	(Surgica	al) procedures, answ	er the following question.			
	ble or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [		age at least 20 weeks.		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s quest	ion was answered ye	es, complete the following questions.			
Was the fetus give	en the best opportunity to sur	vive?		Was the fet	us givei	n the best opportunit	y to survive?			
☐ Yes [					Yes [					
	s for determination that the p						nat the pregnant woman had a condition			
woman?	rocedure to avert death or ser	nous impairment to the pr	regnant	woman?	a tne pr	ocedure to avert dea	th or serious impairment to the pregnant			
Date last normal me	ences hegan	Dhyeioid	an ectimata	of gestation (i	n wool-	g) Doct fo	rtilization age of the fetus (in weeks)			
Date last normal file	04/11/2018	Filysicia	an commate	9	n week.	s, rost le	7			
_	tional age and post fertilization	on age determined?				<b></b>				
ULTRASOUND										
Full name of physics KRISTY L NEWTO	ian performing termination									
	n performing termination (nu	mber and street, city, stat	te, and zip o	code)						
8590 GEORGETO	WN RD, INDIANAPOLIS,	IN 46268								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
-	DATE RECEIVED BY ISDH (month day year). 06/06/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or tov	wn, of pregna	•		County of pregnancy termination  MONROE					
			<u>I</u>				<u>.</u>			
Patient's age**	Married	Date of pregnancy term		Educa	tion		- I Division - OFD			
Race	☐ Yes ■ No	05/31/20	18			High Scho	ool Diploma or GED			
American Indian			k or African	American		☐ Hisp	anic or Latino			
	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not	Hispanic or Latino Unknown			
Live Births:	Number of spontance	2 us terminations			Numh	per of induced term	0 inations			
Other Termination	18.	1	\ .I		Tvuille	or or madeca term	0			
2016	ns (Do not include this termin	ation. If more than six (0		t recent.)		5.	6.			
Fetus delivered alive		ime fetus survived:			cation(s) of Pregnancy Termination					
☐ Yes ■	No				Uterine Perforation					
Fetus viable?		reason for termination:					_			
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Spe	cify)			
Pathological examin performed?	nation If yes, results:									
Yes •	No					on of pregnancy result in a maternal death?				
						Yes IN	Го			
		Туре	of Termina	tion Procedu	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated F	regnancy			
Medical (Nonst	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristo	ne			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spe				
ivicultar (1 vonst	urgicur) Other (specify)			Medicar	(1101134	ingreat) Other (spe	-499)			
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	eal) Suction Curett eal) Menstrual Asp	age tration			
	cal) Other (Specify)			☐ Medical	(Surgic	eal) Other (Specify				
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	<u>-</u>	For Medical (	Surgica	al) procedures, ansv	ver the following question.			
	ble or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [		age at least 20 weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	s questi	ion was answered y	res, complete the following questions.			
Was the fetus give	en the best opportunity to sur	vive?		Was the fet	us giver	n the best opportun	ity to survive?			
☐ Yes [					Yes [					
	s for determination that the p						that the pregnant woman had a condition			
woman?	rocedure to avert death or se	rious impairment to the pi	regnant	that require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	enses hegan	Physicia	an estimate (	of gestation (i	n wook	g) Post f	ertilization age of the fetus (in weeks)			
Date last normal file	04/02/2018	1 Hysicia	commate (	8 <b>8</b>	n week	, 10511	6			
_	tional age and post fertilizati	on age determined?								
ULTRASOUND										
Γ = <i>α</i>										
Full name of physics  KRISTY L NEWTO	ian performing termination  ON									
	n performing termination (nv	umber and street, city, sta	te, and zip co	ode)						
8590 GEORGETO	WN RD, INDIANAPOLIS,	IN 46268								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
-	DATE RECEIVED BY ISDH (month day year). 06/06/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					or town, of pregna			County of pregnancy termination MONROE					
Patient's age**	Marrie		Date of pregnancy t		Educa	tion							
24 Race	[	Yes No	05/31/	/2018			Н	igh School	ol Diploma	or GEI	)		
American Indian Native Hawaiian	or Othe			Black or Afr Other	rican American		ıknown ber now d	Hispa  Not H	nic or Latino Iispanic or L		Unknown		
Live Births:	N	umber of spontaneou	1 sterminations					uced termir	0				
Other Termination	15.		2 ation. If more than six	r (6) those	most recent	T (dille			0				
ı. UNKNOWN		UNKNOWN	3				5			6			
Fetus delivered alive		If yes, length of tin	me fetus survived:					Complic	ation(s) of P	regnancy	y Termination		
☐ Yes ■	No						■ N	None		Uterin	e Perforation		
Fetus viable?		If viable medical	reason for termination	n:			☐ F	Hemorrhage	e 🗆	Cervic	al Laceration		
Yes •	No	ii viaoie, inculcar	reason for termination	11.			☐ I	nfection		Retain	ed Products		
								Other (Spec	rify)				
Pathological examin	ation	If yes, results:											
performed?  Yes No								Did this termination of pregnancy result in a maternal death?					
								s 🔳 No					
			Т	Type of Terr	mination Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated													
Medical (Nonsu						lifepristone							
Medical (Nonsu		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)											
■ Medical (Surgical) Suction Curettage													
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)						strual Aspir r (Specify)	ration				
For Medical (Surgic	al) proce	edures, answer the fol	llowing question		For Medical	Surgice	al) proced	lures answ	er the follow	ing ques			
			age at least 20 weeks	9			rgical) procedures, answer the following question.						
Yes [		e a post fertifization	age at least 20 weeks	:			viable or have a post fertilization age at least 20 weeks? s  No						
If the previous quest	tion was	answered yes, compl	ete the following que	estions.	If the previou	is quest	ion was a	nswered ye	es, complete	the follo	wing questions.		
		st opportunity to surv	ive?					opportunit	y to survive?	•			
☐ Yes [	No					Yes [	No						
			regnant woman had a lous impairment to th								an had a condition nent to the pregnant		
woman?			•	1 0	woman?	•				•	1 0		
Date last normal me		an <b>21/2018</b>	Phys	sician estim	nate of gestation (	in week.	s)	Post fer	rtilization ag	e of the f	fetus (in weeks)		
How were the gestat		e and post fertilization	n age determined?										
ULTRASOUND													
Γ <del></del>													
Full name of physicial KRISTY L NEWTO		rming termination											
1 7			mber and street, city,	state, and z	zip code)								
8590 GEORGETO	WN RD	, INDIANAPOLIS, I	N 46268										
**Data Danartad	to DCs	if Patient under 1	6 (month, day, year):										
•				•					-				
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ):06/06/2018						_				

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					of pregna	•			County of pregnancy termination MONROE		
Dationt' 44	1 -		Data of	inatic-	Education						
Patient's age** 23	Marrie	d ☐ Yes ■ No	Date of pregnancy term <b>05/31/20</b> °		Educa	tion	Е	ache	elor's Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe	k or African A	merican		ıknown I	Not H	nic or Latino		
Live Births:	N	umber now living	0			Numb	er now decease	ed	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0			Numb	per of induced t	ermin	ations 0		
			ation. If more than six (6)		ecent.)						
Fetus delivered aliv			me fetus survived:	4			5 Cor	nplica	ation(s) of Pregnancy Termination		
Yes •		in yes, length of th	ine retus sur vivea.				■ None	•	☐ Uterine Perforation		
							_	rhage			
Fetus viable?  If viable, medical reason for termination:  Yes No											
Tes • NO							☐ Infection ☐ Retained Products				
B. I. I. I. I.		TC 1.					Other (	Speci	fy)		
Pathological examin performed?	If yes, results:										
☐ Yes ■ No								natio	n of pregnancy result in a maternal death?		
			Туре	of Terminatio	n Procedu	res					
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy									gnancy		
Medical (Nons)					Medical	(Nonsu	rgical) Mifepr	stone			
Medical (Nons Medical (Nons					Medical Medical	(Nonsu (Nonsu	rgical) Misopr	ostol Specij	fy)		
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage											
☐ Medical (Surgi)	ical) Men	strual Aspiration			Medical	(Surgic	al) Menstrual	Aspira			
Medical (Surgi	ical) Othe	er (Specify)			Medical	(Surgic	cal) Other (Spec	cify)			
For Medical (Surgion	cal) proce	dures, answer the fo	llowing question.	For	r Medical	(Surgica	al) procedures,	answe	or the following question.		
	ole or hav	e a post fertilization	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was	answered yes, comp	lete the following question	ons. If t	he previou	ıs questi	ion was answer	ed yes	s, complete the following questions.		
Was the fetus give ☐ Yes		t opportunity to surv	vive?	v		us giver Yes [	n the best oppor	tunity	to survive?		
	_	rmination that the n	regnant woman had a con	udition V	_		_	ion th	at the pregnant woman had a condition		
that required the p			ious impairment to the pr	regnant th	nat require				h or serious impairment to the pregnant		
woman?				, w	voman?						
Date last normal me	enses has	an	Physicia	an estimate of g	restation (	in wook	c) D-	st for	tilization age of the fetus (in weeks)		
Date last normal file		03/2018	i nysicia	an commute of §	<b>8</b>	week		-St 101	6		
How were the gesta	tional age	e and post fertilization	on age determined?								
ULTRASOUND											
Full name of physic	rian nerfo	rming termination									
KRISTY L NEWTO	_	wiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
	_	-	mber and street, city, stat	te, and zip code	2)						
8590 GEORGETO	WN KU,	INDIANAPOLIS,	IIN 40208								
**Date Reported	to DCS.	if Patient under 1	6 (month, day, year):								
-	DATE RECEIVED BY ISDH (month, day, year): 06/06/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					y or town, of preg		County of pregnancy termination MONROE					
Patient's age**	Marri		Date of pregnancy		on Edu	cation						
Race		Yes No	05/3	1/2018			Н	igh Scho	ol Diploma or	GED		
American Indian Native Hawaiian	or Oth		Asian White	Black or A	African American		Unknown mber now d	Hispa  Not H	nnic or Latino Hispanic or Latin	0	Unknown	
Live Births:			4				mber of ind		0			
Other Termination	15.	Number of spontaneou	1			Nul	iliber of ilia	ucea terriir	0			
Dates of termination 1. <b>2010</b>	is ( <i>Do n</i> 	ot include this termin	ation. If more than s				5		6			
Fetus delivered alive		If yes, length of ti						Complic	ation(s) of Pregr	nancy	Termination	
☐ Yes ■	No						<b>1</b>	None	☐ U	terine	Perforation	
5		70					I	Hemorrhage	е 🗆 С	ervica	l Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for terminati	ion:			<sub> </sub>	nfection	□ R	etaine	d Products	
								Other (Spec	rify)			
Pathological examin	ation	If yes, results:						(~ <i>I</i>	327			
performed?	Did this termination of pregnancy result in a maternal death?											
☐ Yes ■ No							Did this			result	in a maternal death?	
				Type of Te	ermination Proced	lures						
Procedure that Term	ninated l	Pregnancy		Proced	ure that Ter	minated Pr	egnancy					
Medical (Nonsu							surgical) N					
Medical (Nonsu Medical (Nonsu					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
,	,						,		•••			
Medical (Surgio	cal) Su	ction Curettage				al (Sur	gical) Sucti	on Curetta	ne .			
☐ Medical (Surgio	cal) Me	enstrual Aspiration			☐ Medic	al (Sur	gical) Mens	strual Aspir				
Medical (Surgio	cal) Otl	ner (Specify)			☐ Medic	al (Sur	gical) Other	r (Specify)				
											_	
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medica	or Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		ve a post fertilization	age at least 20 week	ks?			s viable or have a post fertilization age at least 20 weeks?					
If the previous quest	tion was	s answered yes, comp	lete the following qu	uestions.	If the previ	ous que	estion was a	nswered ye	es, complete the	follow	ring questions.	
Was the fetus give		est opportunity to surv	rive?			etus giv Yes	given the best opportunity to survive?					
		termination that the pr	ragnant woman had	a condition			_	mination th	nat the pregnant	woma	n had a condition	
that required the pr		e to avert death or ser			nt that requi						ent to the pregnant	
woman?					woman?							
Deli						<i>'</i> :	1	B . c	.9	4 6		
Date last normal me		gan IKNOWN	Ph	iysician esti	imate of gestation  8	(in we	eks)	Post fe	rtilization age of	the fe	etus (in weeks)	
	tional ag	ge and post fertilization	on age determined?									
ULTRASOUND												
Full name of physici	ian nerf	orming termination										
KRISTY L NEWTO	ON											
1 ,		ming termination (nu.		y, state, and	d zip code)							
JUJU GLUNGETU	· · i · i · i · i	, IIIDIAINAFULIS,										
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, year	r):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/06/2018											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					mination ON	County of pregnancy termination MONROE			
Patient's age**	Married	Date of pregnancy term	nination	Educa	tion					
33	Yes No	05/31/20 <sup>-</sup>		Lauea		Asso	ociate Degree			
Race American Indian Native Hawaiian Live Births:		Asian Blac White Other		an American		Ethnicity Hispa known Not 1	anic or Latino Hispanic or Latino  Unknown			
	Number of spontaneou	2 us terminations			Numb	per of induced termi	nations 0			
Other Termination	ns (Do not include this termin	0	), those mo	ost recent.)			0			
	2	*				5	6			
Fetus delivered alive	J, 8.	me fetus survived:				Complie	cation(s) of Pregnancy Termination			
☐ Yes ■	NO				☐ Uterine Perforation					
Fetus viable?	If viable, medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration						
Yes •	· · · · · · · · · · · · · · · · · · ·	<b>104</b> 50 <b>11</b> 101 <b>101</b> 11111111111		☐ Infection ☐ Retained Products						
				☐ Other (Specify)						
Pathological examin	nation If yes, results:									
performed?	No					Did this termination	on of pregnancy result in a maternal death?			
						☐ Yes ■ N				
Type of Termination Procedures										
		Туре	of Termin							
Procedure that Term	• •					e that Terminated Pr				
	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto				
	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)			
	cal) Suction Curettage				al) Suction Curetta					
	cal) Menstrual Aspiration cal) Other (Specify)			Medical Medical	(Surgic (Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
	ble or have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [	□ No			☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give	en the best opportunity to surv	vive?			ıs giver Yes □	the best opportuni  No	sy to survive?			
What was the basi	s for determination that the p	regnant woman had a con	ndition	What was tl	ne basis	for determination t	hat the pregnant woman had a condition			
that required the pay	rocedure to avert death or ser	ious impairment to the pr	regnant				ath or serious impairment to the pregnant			
				woman.						
Date last normal me	enses began	Physicia	an estimate	of gestation (i	n weeks	r) Post fe	rtilization age of the fetus (in weeks)			
	04/22/2018			6			4			
How were the gestar ULTRASOUND	tional age and post fertilization	on age determined?								
L										
	ian performing termination									
Address of physicia	<b>ON</b> n performing termination (nu)	mher and street city star	te and zin	code)						
	WN RD, INDIANAPOLIS,	•								
•	to DCS, if Patient under						-			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/07/2018									

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	City or to	own, of pregna	•		County of pregnancy termination MONROE					
Patient's age**	Momis 1	Date of pregnancy term	ination	Educa	Education					
33	Married ☐ Yes ■ No	<b>05/31/20</b> 1		Edded	tion	Asso	ociate Degree			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		nn American			nnic or Latino Hispanic or Latino   Unknown			
	Number of spontaneo	2 us terminations			Numh	per of induced termi	0 nations			
Other Termination	ns:   Training of spontaneous   Training of	0	those me	et recent l			0			
1		3				5	6			
Fetus delivered alive	1	me fetus survived:				Complic	eation(s) of Pregnancy Termination			
☐ Yes ■	No			■ None ☐ Uterine Perforation						
						☐ Hemorrhag	e			
Fetus viable?  Yes	If viable, medical		☐ Infection	Retained Products						
	110						_			
Pathological examin	nation If yes, results:					Other (Spec	(TJY)			
performed?	iation if yes, results.									
☐ Yes ■	No			Did this termination  ☐ Yes  No.	on of pregnancy result in a maternal death?					
	,									
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec				
					(	-8/ (~ <i>F</i>	937			
	1) 6 1 6				· ·	1) 0 1 0				
	cal) Suction Curettage cal) Menstrual Aspiration			Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration			
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit  No	y to survive?			
What was the hasi	s for determination that the p	regnant woman had a con	dition	What was th	ne hasis	for determination t	hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			th or serious impairment to the pregnant			
woman?				woman?						
						<u>,                                      </u>				
Date last normal me	enses began 04/22/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 4			
How were the gestar	tional age and post fertilization	on age determined?		<u> </u>						
ULTRASOUND										
Full name of physic  KRISTY L NEWTO	ian performing termination  ON									
	n performing termination (nu	mber and street, city, stat	e, and zip	code)						
8590 GEORGETO	WN RD, INDIANAPOLIS,	IN 46268								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-			
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 06/06/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, LOOMINGTON, IN, 47403  City or town, of pregnancy termination BLOOMINGTON  County of pregnancy termination MONROE									
To the state										
Patient's age** 21	Marrie [	ed ☐ Yes ■ No	Date of pregnancy term 05/31/20		Educa	tion		Bache	elor's Degree	
Race American Indian Native Hawaiian Live Births:	n or Alas n or Othe	ka Native	Asian Blac Othe	k or Africa	an American		known ber now (	Ethnicity  Hispa	nic or Latino (ispanic or Latino	Unknown
	N	umber of spontaneo	0 us terminations			Numh	er of inc	luced termin	0 nations	
Other Termination	15.	•	0			rvanie	or or me		0	
Dates of termination	ns ( <i>Do no</i>		nation. If more than six (6		ost recent.) 4.		5.		6.	
Fetus delivered alive	e?	1	ime fetus survived:					Complica	ation(s) of Pregnanc	y Termination
☐ Yes ■	No						•	None	☐ Uterii	ne Perforation
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	e Cervi	cal Laceration
☐ Yes ■ No								Infection	Retain	ned Products
								Other (Speci	ify)	
Pathological examination										
performed?	No		Did this termination of pregnancy result in a maternal death?							
☐ Yes ■ No								s I No	1 0	it in a maternar deatir:
Procedure that Term	ninated P	regnancy	Туре	e of Termin	Additional Procedure		e that Te	rminated Pro	egnancy	
Medical (Nons)								Mifepristone	•	
Medical (Nonsi	urgical)	Misoprostol			Medical	(Nonsu	rgical) I	Misoprostol		
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgio			Medical	(Surgic	al) Suct	ion Curettag	ge			
Medical (Surgio	cal) Oth	nstrual Aspiration er (Specify)						struai Aspir er (Specify)	ation	
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgica	al) proce	dures, answe	er the following que	 stion.
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered ves. comp	olete the following question	ons.	If the previou	ıs auesti	ion was a	answered ve	s, complete the follo	owing questions.
Was the fetus give	en the bes	st opportunity to surv			Was the fet	us giver	the bes	•	y to survive?	
☐ Yes [	∐ No				□ `	Yes [	」No			
			regnant woman had a corrious impairment to the pr						at the pregnant won	nan had a condition ment to the pregnant
woman?	10000000	to a vert dealer or ser	nous impunioni to uie pr	· og.iuii	woman?	a are pr	occuaro	is average.	ar or somous impair.	nem to the pregnant
Date last normal me	enses beg	an	Physicia	an estimate	e of gestation (i	n weeks	s)	Post fer	tilization age of the	fetus (in weeks)
H-man d		20/2018			7				5	
How were the gestar ULTRASOUND	uonai ag	e and post fertilization	on age determined?							
L										
Full name of physic	ian perfo	rming termination								
KRISTY L NEWTO	ON									
Address of physician 8590 GEORGETO	-		umber and street, city, stat	te, and zip	code)					
5555 SECROLIO		,	10200							
**Date Reported	to DCS	, if Patient under	16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day, year): 06/06/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or to	own, of pregna	•		County of pregnancy termination  MONROE					
Patient's age**	Mamiad	Date of pregnancy term	ination	Fduca	Education					
24	Married ☐ Yes ■ No	05/31/201		Luuca	tion	Some Co	ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Alaska Native or Other Pacific Islander Number now living	White Othe		an American			anic or Latino Hispanic or Latino  Unknown			
	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0			
Other Terminations  Dates of terminations	s (Do not include this termin	0	). those mo	ost recent.)			2			
1. 11/10/2013	2 04/27/2010	3				5	6			
Fetus delivered alive	, ,	me fetus survived:				Complie	cation(s) of Pregnancy Termination			
☐ Yes ■ 1	NO					None	☐ Uterine Perforation			
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
Yes I	· · · · · · · · · · · · · · · · · · ·		☐ Infection ☐ Retained Products							
						☐ Other (Spec	cify)			
Pathological examina	ation If yes, results:									
performed?  Yes	No			Did this terminati	on of pregnancy result in a maternal death?					
			Yes N							
		Туре	of Termin	nation Procedur	res					
Procedure that Term	inated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy				
	rgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	argical) Misoprostol argical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spec	l ifv)			
- M 1: 1/G :	Medical (Surgical) Suction Curettage									
■ Medical (Surgical) Suction Curettage       □ Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration       □ Medical (Surgical) Menstrual Aspiration										
Medical (Surgic	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgica	al) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viabl ☐ Yes [	le or have a post fertilization  No	age at least 20 weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous questi	ion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus giver ☐ Yes ☐	n the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?			
	s for determination that the p						hat the pregnant woman had a condition			
that required the pr woman?	ocedure to avert death or ser	rious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal mer	nses began	Physicia	ın estimate	of gestation (i	n week	s) Post fe	ertilization age of the fetus (in weeks)			
	03/26/2018			10		, 2 350 10	8			
How were the gestati	ional age and post fertilization	on age determined?								
OLIKASUUND										
Full name of physici	an performing termination									
KRISTY L NEWTO	DN									
* *	n performing termination (nu WN RD, INDIANAPOLIS,	•	e, and zip	code)						
0030 GEORGETON	THE NO, INDIANAPOLIS,	114 70200								
**Date Reported t	to DCS if Patient under	16 (month day year):								
•	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	City or t	own, of pregna	•		County of pregnancy termination <b>MONROE</b>					
Patient's age**	Married	Date of pregnancy term	ination	Educa	tion					
20	Yes No	05/31/201					ol Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American			anic or Latino Hispanic or Latino Unknown  0			
Other Termination	Number of spontaneo	us terminations			Numb	Number of induced terminations				
	as (Do not include this termin	3 ation. If more than six (6)	), those mo	ost recent.)			0			
1. UNKNOWN	2. UNKNOWN	3. UNKNOWN		4		5	6			
Fetus delivered alive	, ,	me fetus survived:				_	eation(s) of Pregnancy Termination			
						None	☐ Uterine Perforation			
Fetus viable?	If viable, medical	reason for termination:				☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■	No		☐ Infection ☐ Retained Products							
						Other (Spec	eify)			
Pathological examin	nation If yes, results:									
Yes •	No			on of pregnancy result in a maternal death?						
			Yes No	0						
		Type	of Termin	nation Procedur	res					
Procedure that Term	ningted Pregnancy	1 y p e	or remill			e that Terminated Pr	regnancy			
_	• •									
☐ Medical (Nonsi	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol				
Medical (Nonsi	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)			
■ Medical (Surgical) Suction Curettage       □ Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration       □ Medical (Surgical) Menstrual Aspiration										
	cal) Other (Specify)					al) Other (Specify)	lation			
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes	ele or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit  No	y to survive?			
	s for determination that the p						hat the pregnant woman had a condition			
that required the page woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal me	-	Physicia	ın estimate	e of gestation (i	in weeks	r) Post fe	rtilization age of the fetus (in weeks)			
How were the gester	UNKNOWN tional age and post fertilization	on age determined?		10			8			
ULTRASOUND	assam age and post retunzant	m age determined!								
•										
Full name of physic	ian performing termination									
	n performing termination (nu	mber and street, city, stat	e, and zip	code)						
* *	WN RD, INDIANAPOLIS,	•								
ww.	DOG 10D									
•	to DCS, if Patient under						-			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/06/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	) (PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	County of pregnancy termination MONROE		
Patient's age**	Manniad	Date of pregnancy term	ination	Educa	tion		
21	Married ☐ Yes ■ No	05/31/20		Educa	uon	High Scho	ool Diploma or GED
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	White Othe		an American		Ethnicit Hisp known Not	anic or Latino Hispanic or Latino  Unknown
Other Termination	Number of spontaneou	us terminations			Numb	per of induced term	
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			1
ı. <b>03/17/2018</b>		3		ı		5	6
Fetus delivered alive	3, . 8.	me fetus survived:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■	NO					■ None	☐ Uterine Perforation
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrhag	ge Cervical Laceration
Yes •	,	reason for termination.				☐ Infection	☐ Retained Products
						Other (Spe	cify)
Pathological examin	nation If yes, results:						- 437
performed?	NI-					<del></del>	
res 🕒	INO					Yes N	on of pregnancy result in a maternal death?
		Туре	of Termin	nation Procedur	es		
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ne 1
	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu (Nonsu	rgical) Misoprosto	ify)
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	oge.
☐ Medical (Surgi	cal) Menstrual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi	ration
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)	
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, ansv	ver the following question.
	ole or have a post fertilization  ☐ No	age at least 20 weeks?			us viabl Yes [		tilization age at least 20 weeks?
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	n the best opportuni	ty to survive?
	s for determination that the p	regnant woman had a cor	dition	What was th	ne hasis	for determination t	hat the pregnant woman had a condition
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant
woman?				woman?			
			•			, ,	
Date last normal me	enses began 04/17/2018	Physicia	an estimate	of gestation (i	n weeks	Post fo	ertilization age of the fetus (in weeks)  4
How were the gestar	tional age and post fertilization	on age determined?		-			
ULTRASOUND							
Full name of physic  KRISTY L NEWTO	ian performing termination  ON						
	n performing termination (nu	mber and street, city, stat	te, and zip	code)			
8590 GEORGETO	WN RD, INDIANAPOLIS,	IN 46268					
**Date Reported	to DCS, if Patient under	16 (month, day, year):					_
DATE RECEIVE	ED BY ISDH (month, day,	year):06/06/2018					_

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE										
			1								
Patient's age**	Married	Date of pregnancy term		Educa	tion						
28	■ Yes □ No	05/31/20	18				ter's Degree				
Race				n American	_		anic or Latino				
	n or Other Pacific Islander Number now living	☐ White ☐ Othe	er			known Not I	Hispanic or Latino  Unknown				
Live Births:		0					0				
Other Termination	Number of spontaneo	us terminations 0			Numt	per of induced termi	nations 0				
Dates of termination	ns (Do not include this termin	nation. If more than six (6		st recent.)		5	6				
Fetus delivered alive	1	ime fetus survived:				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■	No					■ None	☐ Uterine Perforation				
						☐ Hemorrhag	e				
Fetus viable?		reason for termination:					_				
☐ Yes ■	INO					☐ Infection	Retained Products				
						Other (Spec	cify)				
Pathological examin performed?	nation If yes, results:										
Yes •	No					Did this termination	on of pregnancy result in a maternal death?				
						Yes N	0				
		Туре	of Termina	ation Procedu	res						
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy				
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e				
	urgical) Misoprostol urgical) Other (Specify)					argical) Misoprostol argical) Other (Spec					
- Wedlear (Fromse	argical) other (speegy)			Medical (Nonsuiglear) Guiet (Specify)							
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical	(Surgic	cal) Suction Curetta cal) Menstrual Aspi	ge ration				
	cal) Other (Specify)			Medical (Surgical) Other (Specify)							
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	Surgica	al) procedures, answ	er the following question.				
				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viab  ☐ Yes [	ble or have a post fertilization  No	age at least 20 weeks?			us viabi Yes [		ilization age at least 20 weeks?				
If the previous quest	tion was answered yes, comp	elete the following question	ons.	If the previou	is quest	ion was answered ye	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us givei Yes [	the best opportunit  No	ty to survive?				
What was the basi	s for determination that the p	regnant woman had a cor	ndition	What was t	he hasis	for determination t	hat the pregnant woman had a condition				
that required the p	rocedure to avert death or ser			that require			oth or serious impairment to the pregnant				
woman?				woman?							
Date last normal me	enses began <b>04/08/2018</b>	Physicia	an estimate	of gestation (i	in week:	Post fe	rtilization age of the fetus (in weeks)  5				
How were the gestat	tional age and post fertilization	on age determined?					<b>J</b>				
ULTRASOUND	<u>-</u>										
	ian performing termination										
Address of physician	n performing termination (nu	unher and street city star	te and zin a	rode)							
	WN RD, INDIANAPOLIS,	•	, ана цр С	······································							
**Date Reported	to DCS, if Patient under	16 (month. dav. vear):									
-	FD RV ISDH (month, day	00/00/0040					-				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOU	UE,	City or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination  MONROE				
Patient's age**	Marrie		Date of pregnar	ncy termin	nation	Educa	tion					
20 Race	[	Yes No	05	5/31/2018	8			Н	Ethnicity		a or GEI	)
American Indian Native Hawaiian	or Othe		Asian White	Black Other		an American		iknown oer now d	☐ Hispa ■ Not H	nic or Lati Iispanic or		Unknown
Live Births:			0						uced termin	0		
Other Termination	15.	umber of spontaneou	0				Nullit	ber of fild	ucea termin	0		
Dates of termination	is ( <i>Do no</i> 2		ation. If more the			,		5.			6.	
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s) of	Pregnanc	y Termination
☐ Yes ■	No							<b>1</b>	None		Uterin	e Perforation
5		70				☐ Hemorrhage ☐ Cervical Lace						
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:				 	nfection		☐ Retain	ed Products
						☐ Other (Specify)						
Pathological examin					( ~ <b>r</b> = 0	377						
performed?												
☐ Yes ■		Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No										
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated P	regnancy				Additional Pr	ocedur	e that Ter	minated Pr	egnancy		
☐ Medical (Nonsu									/lifepriston			
Medical (Nonsu  Medical (Nonsu									Misoprostol Other (Spec			
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Suroic	eal) Sucti	on Curetta	ore.		
	cal) Mei	strual Aspiration				Medical	(Surgic	al) Mens	strual Aspii			
	cai) Oiii	er (specify)				☐ Medicai	(Surgic	ai) One	r (Specify)			
												_
For Medical (Surgic	al) proce	dures, answer the fo	llowing question			For Medical	(Surgica	al) proced	lures, answ	er the follo	wing ques	tion.
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 w	eeks?		Was the fet	us viabl Yes [		a post fert	ilization ag	ge at least	20 weeks?
If the previous quest	ion was	answered yes, compl	ete the following	g question	ıs.	If the previou	ıs quest	ion was a	nswered ye	es, complet	e the follo	wing questions.
Was the fetus give	n the bes	at opportunity to surv	ive?			Was the fet	us givei	n the best	opportunit	v to surviv	e?	
☐ Yes [							Yes [		- F F	<i>y</i>		
		ermination that the pr										an had a condition nent to the pregnant
woman?	rocedure	to avert death of ser	ious impairment	to the pre	gnam	woman?	u me pi	ocedure t	o aven dea	un or serio	аѕ шіран і	ient to the pregnant
Date last normal me				Physician	n estimate	of gestation (	in week.	s)	Post fe	rtilization a		fetus (in weeks)
How were the gestat		KNOWN  e and post fertilization	n age determined	d?		8					6	
ULTRASOUND	45	r and returned										
Full name of physici		rming termination										
Address of physician		ning termination (nu	mber and street.	city, state.	, and zip	code)						
8590 GEORGETO	•	· ·		<u> </u>	~1	,						
**Date Reported										-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/06/20	018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ddress of MERRI	LLVILLE - 8645 CONNEC	CTICUT STREET,	City or t		ncy termination		County of pregnancy termination LAKE			
Patient's age**	Marrie	1	Date of pregnancy term	ination	Educa	tion					
30		Yes No	05/30/20	18				ollege, No Degree			
Race American Indian Native Hawaiian	or Other		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	NI.	imber of spontaneou	2			Number of inc		0			
Other Terminations	••		2 ation. If more than six (6	1 41 000 44	254 422244 )	rumber of me	iuccu teriii	0			
1. UNKNOWN			3			5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ N	No					■	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration						
Yes • N	No	ii viable, inculcar	reason for termination.				Infection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examina	ation	If yes, results:									
performed?	No				Did th	s terminati	on of pregnancy resu	It in a maternal death?			
				Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No							
			Туре	of Termin	nation Procedur	res					
Procedure that Termi	inated Pr	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐						(Nonsurgical) I					
Medical (Nonsu						(Nonsurgical)					
Medical (Surgic						(Surgical) Suct					
☐ Medical (Surgic ☐ Medical (Surgic						(Surgical) Men (Surgical) Othe					
					_	, ,	. 1				
For Medical (Surgica	al) proced	dures answer the fol	llowing question		For Medical (	(Surgical) proce	dures answ	ver the following que	stion		
	_							tilization age at least			
Yes •		e a post fertifization	age at least 20 weeks?			Yes No	e a post ter	unzauon age at least	20 Weeks:		
If the previous questi	ion was a	answered yes, compl	lete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
		t opportunity to surv	rive?			us given the bes	t opportuni	ty to survive?			
☐ Yes ☐					_	Yes No					
			regnant woman had a con ious impairment to the pr					that the pregnant won ath or serious impairs			
woman?					woman?			-			
Date last normal mer	_	nn 28/2018	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestati			on age determined?								
ULTRASOUND											
E-11 6 1 1 1	Full name of physician performing termination										
DR. MANDY GITTL		ming termination									
	-	-	mber and street, city, stat	te, and zip	code)						
8645 CONNECTIC	UT STR	LET, MERRILLVII	LLE, IN 46410								
**Date Reported t	o DCS	if Patient under 1	6 (month, day, year):								
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t		nncy termination	1	County of pregnancy termination LAKE				
Patient's age**	Marrie	d I	Date of pregnancy term	ination	Educa	tion						
24		Yes No	05/30/201	18				ool Diploma or GE	D			
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	0			Number of in		0 inations				
Other Termination	15.		ation. If more than six (6)	140000	204 112 2014 )	runiber of in	ducca term	0				
1	IS ( <i>Do no</i>		ation. If more than six (0)			5		6				
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No				■ None ☐ Uterine Perfora							
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes •	No	ii viable, medicai	reason for termination.				Infection	☐ Retain	ned Products			
							Other (Spe	cify)				
Pathological examin	ation	If yes, results:										
performed?	No				Did th	is terminati	on of pregnancy resu	It in a maternal death?				
				Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No								
			Туре	of Termin	nation Procedur	res						
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Te	erminated P	regnancy				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
Medical (Nonst						(Nonsurgical)						
Medical (Surgional Control Contro						(Surgical) Suc						
☐ Medical (Surgion Med		strual Aspiration er (Specify)				(Surgical) Mer (Surgical) Oth						
						, ,	. 1					
For Medical (Surgic	al) proce	dures answer the fol	lowing question		For Medical (Surgical) procedures, answer the following question.							
	_				Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [		e a post fertifization	age at least 20 weeks?			Yes No	e a post iei	unzauon age at least	20 weeks:			
If the previous quest	tion was	answered yes, compl	ete the following questio	ns.	If the previou	is question was	answered y	es, complete the follo	owing questions.			
		t opportunity to surv	ive?			us given the bes	st opportuni	ity to survive?				
☐ Yes [	☐ No					Yes  No						
			egnant woman had a con ous impairment to the pr					that the pregnant won ath or serious impairs				
woman?				C	woman?	1			1 0			
					<u>l</u>							
Date last normal me	_	an 09/2018	Physicia	n estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat			n age determined?					9				
ULTRASOUND												
Full name of physics  DR. MANDY GITTI		rming termination										
Address of physician	n perforn	-	nber and street, city, stat	e, and zip	code)							
8645 CONNECTIC	UT STR	EET, MERRILLVII	LLE, IN 46410									
**Data Danautad	to DCs	if Datiant under 1	6 (month, day, year):									
-								_				
DATE RECEIVE	SD BY I	SDH (month, day,	year): 557172015					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONN MERRILLVILLE, IN, 46410	ECTICUT STREET,	City or town, of		cy termination		County of pregnancy termination <b>LAKE</b>				
Patient's age** Married	Date of pregnancy termi	nation	Educati	on						
27	05/30/201	8		Hi		ool Diploma or GE	D			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Asian Black White Other	or African Amer		Unknown Number now de	☐ Not I	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	6			Number of indu		0				
Other Terminations: Number of spontane	0	.1		Number of mac	iced terrin	1				
Dates of terminations (Do not include this terminations)	nation. If more than six (6)		•							
Fetus delivered alive? If yes, length of	time fetus survived:				Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ No			■ None ☐ Uterine Perfora							
F	1 6 4 4			— □ н	Iemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable? If viable, medically Yes No	l reason for termination:			It	nfection	☐ Retair	ned Products			
					ther (Spec	cify)				
Pathological examination If yes, results:				$\dashv$ $\Box$	(~ <i>p</i> · ·	-957				
performed? ☐ Yes ■ No			Did this termination of pregnancy result in a maternal dea							
I les 🕒 No				Did this Yes			It in a maternal death?			
	Туре	of Termination P	rocedure	es						
Procedure that Terminated Pregnancy		Additi	ional Pro	ocedure that Terr	ninated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone				Nonsurgical) M						
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				Nonsurgical) M Nonsurgical) O						
				,	(-1	337				
Madical (Surgical) Systion Curottage			Madical (	Surgical) Suctiv	on Curatta					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			ledical (S	Surgical) Suction Surgical) Mens	trual Aspi					
Medical (Surgical) Other (Specify)		M	Iedical (S	Surgical) Other	(Specify)					
			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical) procedures, answer the f	following question.	For Mo	edical (S	Surgical) proced	ures, answ	ver the following que	stion.			
Was the fetus viable or have a post fertilizatio  Yes No	n age at least 20 weeks?	Was		s viable or have les   No	a post fert	tilization age at least	20 weeks?			
If the previous question was answered yes, com	plete the following question	ns. If the p	previous	question was ar	nswered ye	es, complete the follo	owing questions.			
Was the fetus given the best opportunity to su  Yes No	rvive?	Was		s given the best	opportuni	ty to survive?				
What was the basis for determination that the	prognent wemen had a con-	dition Whee	_	_	mination t	hat the pregnant won	on had a condition			
that required the procedure to avert death or so		egnant that i	required			ath or serious impairr				
woman?		wom	nan?							
Detailed and the second			-4:		D C		f-t /:			
Date last normal menses began 03/26/2018	Physicia	n estimate of gesta 12		weeks)	Post fe	ertilization age of the <b>10</b>	ietus ( <i>in weeks</i> )			
How were the gestational age and post fertilizat	ion age determined?									
ULTRASOUND										
Full name of physician performing termination										
DR. MANDY GITTLER										
Address of physician performing termination (n		e, and zip code)								
8645 CONNECTICUT STREET, MERRILLY	TILLE, IN 4041U									
**Date Reported to DCS, if Patient under	16 (month. day. year):									
DATE RECEIVED BY ISDH (month, day						_				

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RRILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	ncy termination		County of pregnancy termination <b>LAKE</b>				
Dationt's as-**	1		Data of mean	minetie	T7.1	tion						
Patient's age** 21	Marr	ied □ Yes ■ No	Date of pregnancy term 05/30/20		Educat	Hig		ol Diploma or GED				
Race American Indian Native Hawaiian			☐ Asian ☐ Bla☐ White ☐ Oth		can American	[		nic or Latino Lispanic or Latino				
Live Births:		Number now living	0			Number now dece	eased	0				
Other Termination	ns:	Number of spontaneou	us terminations 0			Number of induce	ed termin	nations 1				
Dates of termination 1. 2015	ns (Do 1		ation. If more than six (		ost recent.)	5		6				
Fetus delivered alive	e?		me fetus survived:				Complica	ation(s) of Pregnancy Termination				
☐ Yes ■	No					■ Nor	ne	☐ Uterine Perforation				
						Her	morrhage	e Cervical Laceration				
Fetus viable?  Yes	No	If viable, medical	reason for termination:			☐ Infe	ection	☐ Retained Products				
							ner ( <i>Spec</i> a	ify)				
Pathological examir	nation	If yes, results:					ю (Брее	957				
performed?						=						
☐ Yes ■	NO					Did this te	erminatio No	on of pregnancy result in a maternal death?				
			Тур	e of Termi	ermination Procedures							
Procedure that Term	ninated	Pregnancy			Additional Pr	ocedure that Termi	nated Pro	egnancy				
☐ Medical (Nons						(Nonsurgical) Mife (Nonsurgical) Mis		2				
		Other (Specify)				(Nonsurgical) Oth		fy)				
Medical (Surgi					☐ Medical	(Surgical) Suction	Curettag	ge				
☐ Medical (Surgi ☐ Medical (Surgi		enstrual Aspiration her (Specify)				(Surgical) Menstru (Surgical) Other (S		ation				
For Medical (Surgic	al) prod	cedures, answer the fo	llowing question		For Medical (	Surgical) procedure	es answe	er the following question				
	_		age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes		ive a post fertilization	age at least 20 weeks.			Yes No	post terti	inzution age at least 20 weeks.				
If the previous ques	tion wa	s answered yes, comp	lete the following questi	ons.	If the previou	s question was answ	wered ye	s, complete the following questions.				
Was the fetus give		est opportunity to surv	rive?			us given the best op Yes  \text{No}	portunit	y to survive?				
What was the basi	s for de	etermination that the n	regnant woman had a co	ndition	What was th	e basis for determi	ination th	nat the pregnant woman had a condition				
			ious impairment to the p		that required			th or serious impairment to the pregnant				
woman?					woman?							
Date last normal me	enses be	egan	Physic	ian estimat	te of gestation (i	n weeks)	Post fer	tilization age of the fetus (in weeks)				
How ware the cost-	-	3/24/2018 ge and post fertilization	n aga datarminada		10			8				
ULTRASOUND	ионаі а	ge and post tertilizatio	m age determined!									
Full name of physic DR. MANDY GITT	-	forming termination										
		rming termination (nu	mber and street, city, sto	ate, and zip	code)							
8645 CONNECTIO	UT ST	REET, MERRILLVI	LLE, IN 46410									
**Date Reported to DCS, if Patient under 16 (month, day, year):												
•	ISDH (month, day,											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONN MERRILLVILLE, IN, 46410	ECTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE			
Patient's age** Married	Date of pregnancy term	ination	Educa	tion						
24   Yes No	05/30/201		Zaaca		Н	igh Schoo	ol Diploma o	or GED		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Live Births: Number now living	Asian Black White Othe	k or African Am	ierican		known er now de	Not H	nic or Latino lispanic or Lat	ino	Unknown	
Number of spontage	ous terminations			Numb	er of indu	iced termin	0 nations			
Other Terminations: Number of spontane  Dates of terminations (Do not include this term.	0	those most read	ant )				1			
0044	3		eni.)		5			i		
Fetus delivered alive? If yes, length of	time fetus survived:					Complic	ation(s) of Pre	gnancy	Termination	
☐ Yes ■ No					■ N	lone		Uterine	Perforation	
					□ H	Iemorrhage	. 🗆	Cervica	al Laceration	
Fetus viable?  Yes No  If viable, medica	ll reason for termination:				Пі	nfection	П	Retaine	ed Products	
			☐ Other (Specify)							
Pathological examination If yes, results:					mer ( <i>spec</i>	(Jy)				
performed?										
☐ Yes ■ No				Did this ☐ Yes			y result	in a maternal death?		
<u>l</u>										
Type of Termination Procedures										
Procedure that Terminated Pregnancy	minated Pro	egnancv								
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			Medical	(Nonsu	rgical) M	Iifepristone Iisoprostol				
Medical (Nonsurgical) Other (Specify)			Medical	(Nonsu	rgical) O	ther (Speci	fy)			
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						on Curettag trual Aspir				
Medical (Surgical) Other (Specify)						(Specify)	ation			
For Medical (Surgical) procedures, answer the	Collowing question.	 For 1	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization	• •						lization age at	• •		
Yes No	ii age at least 20 weeks:	***		res [		a post tern	iization age a	i icasi 2	o weeks:	
If the previous question was answered yes, com	plete the following question	ns. If the	e previou	s questi	on was a	nswered ye	s, complete th	e follov	ving questions.	
Was the fetus given the best opportunity to su	rvive?	Wa	as the fet	us given	the best	opportunity	y to survive?			
☐ Yes ☐ No			□ `	Yes [	No					
What was the basis for determination that the that required the procedure to avert death or so									nn had a condition ent to the pregnant	
woman?	errous impairment to the pro-		man?	a the pro	ocedure ti	o avert uea	in or serious n	прантп	ent to the pregnant	
Date last normal menses began	Physicia	n estimate of ge	station (i	n weeks	r)	Post fer	tilization age	of the f	etus (in weeks)	
UNKNOWN		1	11					9		
How were the gestational age and post fertilizate ULTRASOUND	ion age determined?									
Full name of physician performing termination										
DR. MANDY GITTLER										
Address of physician performing termination ( <i>n</i> <b>8645 CONNECTICUT STREET, MERRILLY</b>	•	e, and zip code)								
,										
**Date Reported to DCS, if Patient under	16 (month. dav. vear):									
DATE RECEIVED BY ISDH (month, day, year):										

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE					
Patient's age**	Marrie	hd l	Date of pregnancy term	nination	Educa	tion								
29		Yes No	05/30/20				Н		ol Diploma	or GED	)			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe	k or Africar	n American		known er now d	■ Not F	nic or Latino Hispanic or La		☐ Unknown			
Live Births:			3					uced termin	0					
Other Termination	15.	umber of spontaneou	2			Nullio	er or ma	uced termin	0					
Dates of termination  1. UNKNOWN		ot include this termino UNKNOWN	ation. If more than six (6		st recent.)		5.			6.				
Fetus delivered alive	e?	If yes, length of tin						Complic	ation(s) of Pr	egnancy	Termination			
Yes •	No						■ N	None		Uterine	e Perforation			
5		70			☐ Hemorrhage ☐ Cervical I						al Laceration			
Fetus viable?  Yes  I	No	If viable, medical	reason for termination:				□ I	nfection		Retain	ed Products			
								Other (Specify)						
Pathological examin	If yes, results:					(~ <i>I</i>	357							
performed?						D:1.1:								
☐ Yes ■				Did this			cy result	in a maternal death?						
			Туре	of Termina	ation Procedu	es								
Procedure that Term	inated F	regnancy			Additional Pr	ocedure	that Ter	minated Pr	egnancy					
Medical (Nonsu								lifepriston						
Medical (Nonsu Medical (Nonsu								lisoprostol other (Speci						
	,				Incarea (Nonsaiglear) Guio (Specify)									
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgic	al) Sucti	on Curetta	Te .					
☐ Medical (Surgio	cal) Me	nstrual Aspiration			■ Medical	(Surgic	al) Mens	strual Aspir						
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)						
					For Medical (Surgical) procedures, answer the following question.									
For Medical (Surgical	al) proce	edures, answer the fol	llowing question.		For Medical (	Surgica	ıl) proced	lures, answ	er the followi	ng ques	tion.			
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viabl Yes [		a post fert	ilization age a	nt least 2	0 weeks?			
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s questi	ion was a	nswered ye	es, complete the	he follow	wing questions.			
Was the fetus give		st opportunity to surv	ive?			us given Yes - F		opportunit	y to survive?					
		armination that the ne	egnant woman had a con	ndition	_	_	_	mination th	at the precons	nt wom	an had a condition			
that required the pr			ious impairment to the pr		that require						ent to the pregnant			
woman?					woman?									
Detail :					-£ - · · · ·			D °	-4:11:- · · ·	-P.4 *				
Date last normal me		an KNOWN	Physicia	an estimate	of gestation (i	n weeks	5)	Post fe	rtilization age	of the f	etus (in weeks)			
How were the gestat	ional ag	e and post fertilizatio	n age determined?					ı						
ULTRASOUND														
Full name of physici	ian nerfo	orming termination												
DR. MANDY GITTI	LER													
	•	-	mber and street, city, star	te, and zip c	ode)									
8645 CONNECTIC	UISI	NEE1, WERKILLVII	LLE, IN 404 IV											
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):						_					
DATE RECEIVE														

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  City or town, of pregnancy termination MERRILLVILLE  MERRILLVILLE									County of pregnance	ey termination  AKE	
Γ			-		Γ = .						
Patient's age**	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 05/30/20		Educa	tion		Some Co	llege, No Degree		
Race		_ res _ no	05/30/20	10				Ethnicity	llege, NO Degree		
☐ American Indian☐ Native Hawaiian☐			☐ Asian ☐ Blac ■ White ☐ Othe		an American	☐ Un	ıknown	☐ Hispan	nic or Latino ispanic or Latino	Unknown	
Live Births:	N	umber now living	0					deceased	0		
Other Termination	ns:	umber of spontaneou	us terminations			Numb	per of inc	duced termin	ations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more than six (6)	), those mo	ost recent.)						
1	2	_	3		4		5	C1:	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				_		ation(s) of Pregnanc		
								None	Uterin	ne Perforation	
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	☐ Cervio	cal Laceration	
☐ Yes ■	No							Infection	Retain	ned Products	
								Other (Speci	fy)		
Pathological examin	nation	If yes, results:									
Yes •	No						Did thi	is terminatio	n of pregnancy resul	It in a maternal death?	
							☐ Ye				
			Туре	of Termin	nation Procedu						
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure	e that Te	rminated Pre	egnancy		
Medical (Nons)     Medical (Nons)					☐ Medical ☐ Medical	(Nonsu	rgical) l	Mifepristone Misoprostol			
Medical (Nonsi	urgical)	Other (Specify)						Other (Speci	fy)		
Medical (Surgio					☐ Medical	(Surgic	al) Suct	tion Curettag	e		
☐ Medical (Surgion Med	cal) Mei cal) Oth	nstrual Aspiration er (Specify)						strual Aspira er (Specify)	ation		
	,	· (-F · · 35)				( 8	,	(-1 - 35)			
For Medical (Surgic	ral) proce	edures, answer the fo	llowing question		For Medical	Survice	al) proce	dures answe	er the following ques	 stion	
, ,	, 1		age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes		e a post fertifization	age at least 20 weeks:			Yes [		e a post tern	iization age at least.	20 weeks:	
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	ıs questi	ion was a	answered ye	s, complete the follo	wing questions.	
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us giver Yes [		t opportunity	to survive?		
		· · · · · · · · · · · · · · · · · · ·		11	_					1 1 100	
that required the p			regnant woman had a con ious impairment to the pr		that require				at the pregnant wom h or serious impairm		
woman?					woman?						
Date last normal me	-	an <b>/05/2018</b>	Physicia	an estimate	e of gestation (a	in weeks	s)	Post fer	tilization age of the	fetus (in weeks)	
How were the gestar			on age determined?								
ULTRASOUND											
P.11											
Full name of physic DR. MANDY GITT		orming termination									
	-	•	mber and street, city, stat	e, and zip	code)						
8645 CONNECTIO	UT STF	REET, MERRILLVI	LLE, IN 46410								
**Data Dam 1	to DCc	if Detiont we dead	16 (month 1								
DATE RECEIVI		16 (month, day, year):									
DAIL KECEIVI	LUBY.	ыл (month, day,	year):								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE								
L			1						
Patient's age** 45	Married  ■ Yes □ No	Date of pregnancy term		Educa	tion	High Ca	hool Die	loma or GED	
Race		05/30/20				Ethni	city	loma or GED	
☐ American Indiar☐ Native Hawaiiar	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Other	k or African A	American	☐ Un		spanic or i	Latino c or Latino	
Live Births:	Number now living	3				per now deceased		0	
Other Termination	Number of spontaneo				Numb	per of induced te	minations	1	
Dates of termination	ns (Do not include this termin	nation. If more than six (6		recent.)		5		6	
Fetus delivered alive	e? If yes, length of t	ime fetus survived:				Com	olication(s	) of Pregnancy Termination	
☐ Yes ■	No					■ None		☐ Uterine Perforation	
5	70					☐ Hemorr	age	☐ Cervical Laceration	
Fetus viable?  Yes		reason for termination:				☐ Infection	1	☐ Retained Products	
						Other (S	pecify)		
Pathological examin	nation If yes, results:					,			
performed?	No					Did this termin	ation of p	regnancy result in a maternal death?	
						No No			
		Туре	of Terminati	on Procedu	res				
Procedure that Term	ninated Pregnancy		A	dditional Pı	ocedur	e that Terminated	Pregnanc	у	
	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Mifepris	tone		
	urgical) Other (Specify)					rgical) Other ( $S$			
	cal) Suction Curettage		_	Medical	(Surgic	cal) Suction Cur	ttage		
	cal) Menstrual Aspiration cal) Other (Specify)			Medical     Medical	(Surgic	cal) Menstrual A	spiration fy)		
For Medical (Surgic	eal) procedures, answer the fo	ollowing question.		or Medical	(Surgica	al) procedures, a	swer the f	Collowing question.	
	ele or have a post fertilization			Was the fet		le or have a post		n age at least 20 weeks?	
	tion was answered yes, comp	olete the following question	ons. If				l yes, com	plete the following questions.	
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			us givei Yes [	n the best opport	nity to su	rvive?	
	s for determination that the p	regnant woman had a con	ndition	_	_	_	n that the	pregnant woman had a condition	
that required the p	rocedure to avert death or se		regnant	that require				erious impairment to the pregnant	
woman?				woman?					
Date last normal me	enses hegan	Physicia	an estimate of	gestation (	in wook	g) Doc	fertilizati	on age of the fetus (in weeks)	
	04/01/2018		commate 01	<b>9</b>	week.	<i>5,</i> FOS	. iciuiizali	7	
How were the gestat	tional age and post fertilization	on age determined?			_				
SETTAGOUND									
Full name of physic	ull name of physician performing termination								
DR. MANDY GITTI		unhan and server to the	(a. au 1 -:	Ia)					
	n performing termination (nu CUT STREET, MERRILLY	•	e, ana zip cod	ie)					
**Date Reported	to DCS, if Patient under								
DATE RECEIVE	ED RV ISDH (month day	vegr). 06/11/2018							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination <b>LAKE</b>			
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion						
30		Yes No	05/30/20	18					llege, No Degree	)		
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		an American	Unknov	vn [	Not H	nic or Latino Iispanic or Latino	Unknown		
Live Births:	Ni-	umber of spontaneou	3 as terminations			Number of			0 nations			
Other Termination	3.		ation. If more than six (6	S) 4h aga	204 422244 )	runiber of	muuco	u termin	2			
2014		2012	UNKNOWN	)), tnose m 	4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:		Complication(s) of Pregnancy Terminat							
☐ Yes ■ 1	No					0	Non	ie	☐ Uter	ne Perforation		
Estus vieble?		If viable medical	reason for termination:				Hen	norrhage	e 🔲 Cerv	ical Laceration		
Fetus viable?  Yes  I	No	ii viabie, medicai	reason for termination:				Infe	ction	☐ Reta	ined Products		
							Othe	er ( <i>Spec</i>	ify)			
Pathological examina	ation	If yes, results:					_	` 1				
performed?	No					D:-	1 41-1-4			-14 in a mark mark 1 days 1.9		
l les	110				Did this termination of pregnancy result in a maternal deat  ☐ Yes ■ No							
			Тур	e of Termi	nation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that	t Termin	nated Pro	egnancy			
☐ Medical (Nonsu						(Nonsurgica						
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgica (Nonsurgica						
Medical (Surgice)	al) Suct	ion Curettage			☐ Medical	(Surgical) S	Suction	Curettac	TA			
☐ Medical (Surgio	cal) Mer	strual Aspiration				(Surgical) N	Menstru	al Aspir				
Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical) (	Other (S	pecify)				
For Medical (Surgical	al) proce	dures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl		e a post fertilization	age at least 20 weeks?			us viable or l Yes		oost ferti	ilization age at leas	t 20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question w	vas answ	vered ye	s, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		t opportunity to surv	ive?			us given the Yes \[ \] No		portunit	y to survive?			
What was the basis	s for dete	rmination that the pr	regnant woman had a co	ndition	What was th	he basis for d	determir	nation th	nat the pregnant wo	man had a condition		
			ious impairment to the p							ment to the pregnant		
woman:					woman:							
Date last normal mer	nses hea	an	Physici	an estimat	e of gestation (i	in weeks)	1	Post for	rtilization age of the	e fetus (in wooks)		
	03/	01/2018		an csuilidl	<b>9</b>	n weeks)		1 081 161	7	_ ioius (iii weeks)		
How were the gestat	ional age	and post fertilization	n age determined?									
ULTRASOUND	ULTRASOUND											
Full name of physici	an perfo	rming termination										
DR. MANDY GITTL	_ER	_										
Address of physician 8645 CONNECTIO	-	-	mber and street, city, sta	te, and zip	code)							
JUTU COMMECTIC	J. JIK	LLI, WILKKILLVII	, +0+10									
**Date Reported t	to DCS.	if Patient under 1	6 (month, day, year): _						_			
DATE RECEIVE												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
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	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					nncy terminatio	n		County of pregnancy termination LAKE		
Patient's age**	Married	1	Date of pregnancy terr	nination	Educa	tion					
31		Yes No	05/30/20					ollege, No Degree			
Race American Indian Native Hawaiian	or Other		Asian Bla White Oth		can American	Unknown	■ Not	y panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			0			Number of in		0			
Other Terminations	••	imber of spontaneou	0	() 1		Number of it	iduced term	0			
Dates of terminations	s (Do noi 2.		ation. If more than six (0			5.		6.			
Fetus delivered alive	?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ N	No					■	None	☐ Uterii	ne Perforation		
							Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes IN	No	If viable, medical	reason for termination:				Infection	☐ Retair	ned Products		
	,,,						Other (Spe	_	Todacis		
Pathological examina	ation	If yes, results:					Other (Spe	cijy)			
performed?		ii yes, resuits.									
Yes I	No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
			Тур	e of Termi	nation Procedu	res					
Procedure that Termi	inated Pr	egnancy			Additional Pr	rocedure that T	erminated P	regnancy			
☐ Medical (Nonsu	☐ Medical (Nonsurgical) Mifepristone						Mifepristor	ne			
Medical (Nonsu  Medical (Nonsu	Misoprostol										
iviedicai (ivolisu	Wiedicai	(Ivolisuigicai)	Other (Spec	cijy)							
<ul><li>Medical (Surgic</li><li>Medical (Surgic</li></ul>						(Surgical) Suc (Surgical) Me					
Medical (Surgic						(Surgical) Oth					
For Medical (Surgica	al) proced	dures, answer the fo	lowing question.		For Medical (	(Surgical) proc	edures, ansv	wer the following que	stion.		
Was the fetus viabl		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous questi	ion was a	inswered yes, compl	ete the following questi	ons.	If the previou	is question was	answered y	ves, complete the follo	owing questions.		
Was the fetus given		opportunity to surv	ive?			us given the be	st opportuni	ity to survive?			
☐ Yes ☐	] No					Yes No					
			regnant woman had a co ous impairment to the p		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?					woman?	F					
					1						
Date last normal mer	_		Physic	ian estimat	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)		
How were the gestati		and post fertilization	n age determined?		9			7			
ULTRASOUND	Jun ugo	a post fortinzatio	gc determined:								
,											
	Full name of physician performing termination										
DR. MANDY GITTL		ing termination (nu	nber and street, city, sto	ate and zir	n code)						
8645 CONNECTICU	-	-		, ana Lip	2000)						
**Date Reported t	o DCS,	if Patient under 1	6 (month, day, year): _					_			
DATE RECEIVE	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  06/11/2018							_			

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	NED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET,					County of pregnancy termination LAKE			
That is a second of the second	nancy termination 05/30/2018	Educat		gh School Diplo	ma or GED				
□ American Indian or Alaska Native     □ Asian     □ Native Hawaiian or Other Pacific Islander     □ White	Black or Afric Other	an American	Unknown Number now do	Hispanic or La Not Hispanic		Unknown			
Live Births: 1			Number of indu	ced terminations	)				
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more to		ost recent.)	Trumour or muc		)				
1		4	5	Complication(s)	6	Termination			
Fetus delivered alive?  Yes No  If yes, length of time fetus surviv	red:				_				
		■ None							
Fetus viable? If viable, medical reason for term	nination:			lemorrhage		al Laceration			
☐ Yes ■ No				nfection	Retaine	ed Products			
				ther (Specify)					
Pathological examination performed?									
☐ Yes ■ No			Did this termination of pregnancy result in a maternal death?  Yes • No						
	Type of Termin	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Teri	ninated Pregnancy					
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M						
Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Mens	trual Aspiration					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	ures, answer the fol	lowing quest	ion.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	nswered yes, compl	ete the follow	ving questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No	<i>3</i> 1 · · · · · · · · · · · · · · · · · ·	Was the fett	-	opportunity to surv		<i>8</i> 1			
	1		<del></del>			1			
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer woman?				nination that the property avert death or seri					
Date last normal menses began	Physician estimate	e of gestation (	n weeks)	Post fertilization	age of the f	etus (in wooks)			
03/20/2018		10	n weeks)	1 ost tertifization	8 8	ctus (iii weeks)			
How were the gestational age and post fertilization age determin ULTRASOUND	ed?								
Full name of about 1 Control of the									
Full name of physician performing termination  DR. MANDY GITTLER									
Address of physician performing termination (number and street 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410	•	code)							
**Date Reported to DCS, if Patient under 16 (month, day,	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE		
	T								
Patient's age** 27	Married Yes No	Date of pregnancy term 05/30/201		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian		☐ Asian ☐ Black ■ White ☐ Othe		an American	☐ Uni		y anic or Latino Hispanic or Latino		
Live Births:	Number now living	3			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	er of induced termi	nations 1		
Dates of termination 2013	ns (Do not include this termin	ation. If more than six (6)		ost recent.)		5	6		
Fetus delivered alive	T	me fetus survived:		4		Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
Fetus viable?	If yighla madical	reason for termination:				☐ Hemorrhag	e Cervical Laceration		
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products		
						Other (Spec	cify)		
Pathological examin	nation If yes, results:								
performed?  Yes	No				Did this termination of pregnancy result in a maternal death?				
						☐ Yes ■ N	0		
		Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
Medical (Nons)		☐ Medical	(Nonsu	rgical) Mifepriston	e				
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
	(, (					<i>3</i> ··· <i>y</i> ··	377		
☐ Medical (Surgi	cal) Suction Curettage		Medical	(Surgic	al) Suction Curetta	ge			
Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgical	al) Menstrual Aspi al) Other (Specify)	ration		
Medical (Surgi	car) Other ( <i>specify</i> )			Wedicar	(Surgice	ai) Ouiei (specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical (	Surgica	l) procedures answ	ver the following question		
	ole or have a post fertilization			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes Yes		age at least 20 weeks.		Yes No					
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	on was answered y	es, complete the following questions.		
Was the fetus give	en the best opportunity to surv	vive?			us given Yes [	the best opportuni	ty to survive?		
	s for determination that the p	regnant woman had a con	dition	_	_		hat the pregnant woman had a condition		
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
W OILMIT				, o.m.					
Date last normal me		Physicia	n estimat	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gesta	04/07/2018 tional age and post fertilization	on age determined?		8			6		
ULTRASOUND									
Full name of physic DR. MANDY GITT	ian performing termination <b>LER</b>								
Address of physicia	n performing termination (nu	•	e, and zip	code)					
8645 CONNECTIO	CUT STREET, MERRILLVI	LLE, IN 46410							
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 06/11/2018								

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410				City or	town, of pregna	•		County of pregnancy termination <b>LAKE</b>		
Dationt's**	I		Data of marries	minat! -	F: 1	tion				
Patient's age** 36	Marrio	ed □ Yes ■ No	Date of pregnancy term 05/30/20		Educa	tion		bllege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Bla  ■ White ☐ Oth		can American	☐ Un		y anic or Latino Hispanic or Latino		
Live Births:	N	Number now living	1			Numb	ber now deceased	0		
Other Termination	s: N	Number of spontaneo	<del>-</del>			Numb	ber of induced termi			
Dates of termination	is (Do n		nation. If more than six (	**	ost recent.)		5.	6.		
Fetus delivered alive		1	ime fetus survived:				Complic	cation(s) of Pregnancy Termination		
☐ Yes ■ I	No						■ None	☐ Uterine Perforation		
Fetus viable?		If wishle medical	reason for termination:				Hemorrhag	e Cervical Laceration		
Yes I	No	ii viable, medical	reason for termination:				☐ Infection	☐ Retained Products		
							Other (Spec	cify)		
Pathological examin	ation	If yes, results:								
performed?  Yes	No						Did this termination of pregnancy result in a maternal death?			
							Yes N			
			т	oe of To	nation Proced-	rec				
Procedure that Term	inated T	Oregnanov	Туг	e of Termi	Additional Pr		e that Terminated Pr	regnancy		
	Medical (Nonsurgical) Mifepristone									
■ Medical (Nonsurgical) Misoprostol						(Nonsu	rgical) Mifepriston rgical) Misoprostol	1		
Medical (Nonsurgical) Other (Specify)					☐ Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							cal) Suction Curetta cal) Menstrual Aspi			
Medical (Surgio							cal) Other (Specify)			
For Medical (Surgical	al) proc	edures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, answ	ver the following question.		
Was the fetus viable Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, comp	elete the following questi	ions.	If the previous question was answered yes, complete the following questions.					
Was the fetus given ☐ Yes ☐		st opportunity to sur	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
		ermination that the r	regnant woman had a co	ondition	_	_	_	hat the pregnant woman had a condition		
that required the pr			rious impairment to the p		that require			ath or serious impairment to the pregnant		
woman?					woman?					
Date last normal men			Physic	ian estimat	e of gestation (i	in week:	s) Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		/10/2018	on age determined?		7			5		
ULTRASOUND		, <u>I</u>								
Full name of physici DR. MANDY GITTL	-	orming termination						,		
Address of physician performing termination (number and street, city, state, and z 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410					code)					
0040 CUNNECTIC	UI ƏII	NEEI, WERKILLV	ILLE, IIN 404 IU							
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	ATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE		
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
33		Yes No	05/30/20					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2 s terminations			Number of inc	luced termi	nations .			
Other Termination	13.		ation. If more than six (6	1 41.000	agt magant )	rvanioer of inc		2			
2011			ation. If more than six (6)			5		6			
Fetus delivered alive	e?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	None	☐ Uterir	ne Perforation		
							Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?	No	If viable, medical	reason for termination:			lп	Infection	☐ Retair	ned Products		
							Other (Spe	_			
Pathological examin	nation	If yes, results:				—	Oulei (Spe	cijy)			
performed?		ii yes, iesuits.									
☐ Yes ■	No					Did this termination of pregnancy result in a maternal death?  Yes No					
			Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsu							Mifepristor	ne			
Medical (Nonsu	urgical)	Misoprostol			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
ivical (Nonst	Other ( <i>specify</i> )		Wiedicar	(140iisuigicai)	other (spec	-99)					
■ Medical (Surgion Med		tion Curettage astrual Aspiration				(Surgical) Suct (Surgical) Men					
Medical (Surgio						(Surgical) Othe					
For Medical (Surgic	al) proce	dures, answer the following	lowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	wing questions.		
Was the fetus give		st opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
	_				_	☐ Yes ☐ No					
			egnant woman had a con ous impairment to the pr		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?					woman?			_			
					l						
Date last normal me	_		Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		05/2018 e and post fertilizatio	n age determined?		7			5			
ULTRASOUND		1	5								
Full name of physic		rming termination									
DR. MANDY GITTI		ning termination (nu	nber and street, city, stat	te and zin	code)						
8645 CONNECTIO	-	-		, ωπα μφ							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 06/11/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or to	own, of pregnar	ncy termination  LVILLE	County of pregnancy termination LAKE			
Datient's aga**	T.,	Data of program ov to	ination	Educat	ion				
Patient's age** 40	Married  ■ Yes □ No	Date of pregnancy terms 05/30/201		Educat	High Sch	ool Diploma or GED			
Race American Indian Native Hawaiian	n or Other Pacific Islander	Asian Black White Other		an American	☐ Unknown ■ Not	y nanic or Latino Hispanic or Latino			
Live Births:	Number now living	3			Number now deceased	0			
Other Termination		0			Number of induced term	inations 2			
Dates of termination  1. UNKNOWN	ns (Do not include this termin	nation. If more than six (6)	), those mo 4	ost recent.) 1	5	6			
Fetus delivered alive	• •	ime fetus survived:			Compli None	cation(s) of Pregnancy Termination  Uterine Perforation			
					Hemorrha	ge Cervical Laceration			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				Retained Products			
☐ Yes ■	No								
Pathological examir	nation If yes, results:				Other (Spe	cify)			
performed?									
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
		Туре	of Termin	nation Procedure					
					ocedure that Terminated F				
	urgical) Mifepristone urgical) Misoprostol				(Nonsurgical) Mifepristor (Nonsurgical) Misoprosto				
Medical (Nons	urgical) Other (Specify)			☐ Medical (	(Nonsurgical) Other (Spe	cify)			
	cal) Suction Curettage cal) Menstrual Aspiration			Medical (	(Surgical) Suction Curette (Surgical) Menstrual Asp	age iration			
	cal) Other (Specify)				(Surgical) Other (Specify,				
For Medical (Surgio	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgical) procedures, answ	wer the following question.			
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	elete the following question	ns.	If the previous question was answered yes, complete the following questions.					
Was the fetus give	en the best opportunity to sur  No	vive?			s given the best opportun	ity to survive?			
	s for determination that the p					that the pregnant woman had a condition			
that required the p woman?	procedure to avert death or se	rious impairment to the pro	egnant	woman?	the procedure to avert de	ath or serious impairment to the pregnant			
Date last normal me	enses began <b>04/06/2018</b>	Physicia	n estimate	e of gestation (in	n weeks) Post f	ertilization age of the fetus (in weeks)  5			
How were the gestar ULTRASOUND	tional age and post fertilization	on age determined?			1				
Full name of physic DR. MANDY GITT	ian performing termination								
Address of physicia	n performing termination (ni	•	e, and zip	code)					
8645 CONNECTIO	CUT STREET, MERRILLV	ILLE, IN 46410							
**Date Reported	to DCS, if Patient under	16 (month, day, year):				_			
DATE RECEIVI	ED BY ISDH (month, day,	year): 06/11/2018				_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or to		ncy termination	C	County of pregnancy termination LAKE				
		,							
Patient's age**  23   Married   Date of pregnanc   Yes   No   05/3	30/2018	Educat		igh School I	Diploma or GED				
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	Black or African Other	American	Unknown	☐ Hispanic ■ Not Hisp	or Latino panic or Latino	Unknown			
Live Births: Number now living			Number now de	eceased	0				
Other Terminations: Number of spontaneous terminations 0			Number of indu	iced terminati	ions 1				
Dates of terminations (Do not include this termination. If more than  1. UNKNOWN  2. 3.	six (6), those mos	t recent.)	5		6				
Fetus delivered alive? If yes, length of time fetus survived:				Complication	on(s) of Pregnancy	Termination			
☐ Yes ■ No			■ N	None	☐ Uterine	Perforation			
Fetus viable? If viable, medical reason for terminal	tion		I	Hemorrhage	☐ Cervica	al Laceration			
Yes No	uon.	☐ Infection ☐ Retained Products							
		☐ Other (Specify)							
Pathological examination									
performed?  Yes No		Did this termination of pregnancy result in a maternal dea							
			☐ Yes		1 10 11 11				
	Type of Termina	tion Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregn	nancy				
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical ☐ Medical							
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens		on				
Medical (Surgical) Other (Specify)			(Surgical) Other		OII				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) proced	ures, answer t	the following quest	ion.			
Was the fetus viable or have a post fertilization age at least 20 wee ☐ Yes ■ No	eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following q	questions.	If the previou	s question was a	nswered yes, o	complete the follow	ving questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to	o survive?				
	1 122	_	_	· · · · · a · ·	.1	1 1 12			
What was the basis for determination that the pregnant woman had that required the procedure to avert death or serious impairment to		that required			the pregnant woma or serious impairm				
woman?		woman?							
Data last normal mansas basen	hysician estimate of	of agetation (	n waaka)	Doot famili	ization ago of the f	atus (in waaka)			
04/04/2018		9 <b>9</b>	n weeks)	1 OSt Tertill	ization age of the fo	aus (in weeks)			
How were the gestational age and post fertilization age determined? <b>ULTRASOUND</b>	?								
Full name of physician performing termination									
DR. MANDY GITTLER  Address of physician performing termination (number and street, cit	ity, state, and zip c	ode)							
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410	,								
**Date Reported to DCS, if Patient under 16 (month, day, yea	ar):								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	ncy termination		County of pregnancy termination LAKE			
Dationt's ag-**	T		Data of magazine	ninctic-	D.1	ion					
Patient's age** 30	Marri	ed □ Yes ■ No	Date of pregnancy terr 05/30/20		Educat	.1011	Some C	ollege, No Degree			
Race American Indian Native Hawaiian	n or Oth		☐ Asian ☐ Bla ■ White ☐ Oth		can American	Unknown Number now	■ Not	y vanic or Latino Hispanic or Latino			
Live Births:		Number of spontaneou	1			Number of inc		0 inations			
Other Termination	15.		0	C) d		Number of me	iuceu term	1			
Lates of termination	ns ( <i>Do n</i>		ation. If more than six (6	**	ost recent.) 4	5		6			
Fetus delivered alive		1	me fetus survived:			•	Compli None	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration			
Yes •	No	ii viable, illedical	reason for termination.				Infection	Retained Products			
							Other (Spe	cify)			
Pathological examir	nation	If yes, results:									
performed? ☐ Yes ■	No					Did this to make the form of the control of the con					
	110					Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No					
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	ninated l	Pregnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
							Mifepristo				
		Misoprostol Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	,	(-1-35)				( 6 )	(1	- 377			
■ Medical (Surgical) Suction Curettage						(C:1)	: C				
☐ Medical (Surgi	cal) Me	enstrual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men	strual Asp	iration			
Medical (Surgi	cal) Otl	her (Specify)			☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgion	cal) proc	edures, answer the fo	llowing question.		For Medical (	Surgical) proce	dures, ansv	wer the following question.			
Was the fetus viab ☐ Yes		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	s answered yes, comp	lete the following questi	ons.	If the previou	s question was	answered y	ves, complete the following questions.			
Was the fetus give ☐ Yes [		est opportunity to surv	rive?			is given the bes	t opportun	ity to survive?			
			regnant woman had a co ious impairment to the p					that the pregnant woman had a condition ath or serious impairment to the pregnant			
					]						
Date last normal me		gan 8/16/2018	Physic	ian estimat	te of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)  8			
How were the gesta		ge and post fertilization	on age determined?					-			
ULTRASOUND											
Full name of physic DR. MANDY GITT	-	orming termination									
Address of physician performing termination (number and street, city, state, and					code)						
8645 CONNECTIO	REET, MERRILLVI	LLE, IN 46410									
•			6 (month, day, year): _					_			
DATE RECEIVI	ED BY	ISDH (month, day,	year):06/11/2018					_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination <b>LAKE</b>				
			<u>I</u>				<u>ı</u>		
Patient's age**	Married	Date of pregnancy term		Educa	tion	111-d O-4	Division OFD		
26 Race	☐ Yes ■ No	05/30/20	18			High Sch Ethnici	ool Diploma or GED		
American Indian	n or Alaska Native n or Other Pacific Islander	= =	k or African	American	□ <b>.</b>	■ His	panic or Latino		
Live Births:	Number now living		er			known Not ber now deceased	Hispanic or Latino Unknown		
Other Termination	Number of spontaneo	us terminations			Numb	per of induced term			
	as (Do not include this termin	1 nation. If more than six (6	), those most	t recent.)			1		
ı <b>2016</b>	2. 2014	3				5	6		
Fetus delivered alive	, , ,	ime fetus survived:				Comp	ication(s) of Pregnancy Termination		
☐ Yes ■ I	NO					None	☐ Uterine Perforation		
Fetus viable?	If viable medical	reason for termination:				☐ Hemorrha	ge Cervical Laceration		
Yes I		reason for termination.				☐ Infection	☐ Retained Products		
				☐ Other (Specify)					
Pathological examin	ation If yes, results:					_			
performed?	No								
l les 🕒	110					Yes I	tion of pregnancy result in a maternal death? No		
		Туре	of Termina	tion Procedu	res				
Procedure that Term	Procedure that Terminated Pregnancy					e that Terminated	Pregnancy		
☐ Medical (Nonsu		☐ Medical	(Nonsu	rgical) Mifepristo	me				
☐ Medical (Nonsu		Medical	(Nonsu	rgical) Misoprost	ol				
Medical (Nonsu		Medicai	(Nonsu	rgical) Other (Spe	ecity)				
	cal) Suction Curettage cal) Menstrual Aspiration		]			eal) Suction Curet			
	cal) Other (Specify)		וֹ			cal) Other (Specify			
For Medical (Surgical	al) procedures, answer the fo	ollowing question.	<sub>I</sub>	For Medical (	(Surgica	al) procedures, ans	wer the following question.		
	le or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
Yes [	■ No tion was answered yes, comp	whete the following question	me I				yes, complete the following questions.		
	n the best opportunity to sur		JIIS. 1	•	•	n the best opportui			
Yes [					Yes [				
	s for determination that the procedure to avert death or ser						that the pregnant woman had a condition		
woman?	rocedure to avert death of se	nous impairment to the pr	egnant	woman?	u me pr	ocedure to avert d	eath or serious impairment to the pregnant		
Date last normal men	nses began	Physicia	an estimate o	of gestation (i	in week:	s) Post	fertilization age of the fetus (in weeks)		
	04/01/2018			8			6		
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?							
22.13.000115									
Full name of physici	ian performing termination						1		
DR. MANDY GITTL	LER								
	n performing termination (nu UT STREET, MERRILLV	•	te, and zip co	ode)					
55-5 SOMMECTIC	J. OTREET, WERRILLY	, 114 707 10							
**Data Danartad	to DCS, if Patient under	16 (month day warn)							
_	ED RV ISDH (month day								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE					County of pregnancy termination LAKE			
	1			• ,•						
Patient's age** 26	Married	d Yes ■ No	Date of pregnancy term <b>05/30/20</b>		Educa	tion	В	ache	lor's Degree	
Race American Indian Native Hawaiian	or Other	Pacific Islander	☐ Asian ☐ Blac☐ White ☐ Othe	k or African A	merican		known I N	lot Hi	nic or Latino 🔲 Unknown	
Live Births:		ımber now living	1				er now decease		0	
Other Termination	13.	imber of spontaneou	0			Numb	per of induced to	ermina	ations 0	
Dates of termination			ation. If more than six (6)		ecent.)		5		6	
Fetus delivered alive			me fetus survived:					nplica	tion(s) of Pregnancy Termination	
☐ Yes ■ 1	No						■ None		☐ Uterine Perforation	
F. 11.0		TC ' 11 1' 1					☐ Hemor	rhage	☐ Cervical Laceration	
Fetus viable?  Yes  I	No	if viable, medical	reason for termination:				☐ Infection	on	☐ Retained Products	
							Other (	Specij	fy)	
Pathological examin	nation	If yes, results:							.,	
performed?	No				Did this termination of pregnancy result in a maternal death					
	110				Yes No					
			Туре	of Terminatio	n Procedu	res				
Procedure that Term	ninated Pr	egnancy		Ad	lditional Pi	ocedure	e that Terminate	ed Pre	gnancy	
<ul><li>Medical (Nonsurgical) Mifepristone</li><li>Medical (Nonsurgical) Misoprostol</li></ul>					Medical	(Nonsu	rgical) Misopr	stone		
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgion Med		strual Aspiration or (Specify)			Medical Medical	(Surgic (Surgic	al) Menstrual A al) Other (Spec	Aspira cify)	ition	
For Medical (Surgical	al) proced	dures, answer the fo	llowing question.		r Medical (	Surgica	al) procedures, a	nswe	r the following question.	
Was the fetus viable	_		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was a	answered yes, comp	lete the following questio	ns. If t	If the previous question was answered yes, complete the following questions.					
Was the fetus given	n the best	t opportunity to surv	vive?	v	Was the fet	us giver	n the best oppor	tunity	to survive?	
☐ Yes ☐	☐ No					Yes [	No			
			regnant woman had a con ious impairment to the pr						at the pregnant woman had a condition h or serious impairment to the pregnant	
woman?	- Coodaro	io avert dealer or ser	rous impuniment to the pr	U	voman?	a are pr		· Godic	a or sorrous impunition to the program	
<u> </u>				1						
Date last normal mer	_	nn 10/2018	Physicia	nn estimate of	gestation (i	n weeks	Po Po	st fert	ilization age of the fetus (in weeks)  5	
How were the gestat			on age determined?		•				<b>,</b>	
ULTRASOUND										
Γ										
Full name of physici DR. MANDY GITTL	-	ming termination								
Address of physician	n perform		mber and street, city, stat	e, and zip code	e)					
8645 CONNECTIO	UT STR	EET, MERRILLVI	LLE, IN 46410							
**Date Reported t	to DCS	if Patient under	6 (month, day, year):							
DATE RECEIVE			06/44/2049							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, of pregnancy termination  MERRILLVILLE				County of pregnancy termination LAKE		
D ( ) 400		l D	. ,.	T = -					
Patient's age** 33	Married ☐ Yes ■ No	Date of pregnancy term <b>05/30/20</b> 1		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	Asian Black White Othe		an American	☐ Un		anic or Latino Hispanic or Latino  Unknown		
Live Births:	Number now living	2			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	per of induced termi	nations 1		
Dates of termination	ns (Do not include this termin	ation. If more than six (6)		ost recent.)		5	4		
Fetus delivered alive		me fetus survived:		4		Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					None	☐ Uterine Perforation		
					e				
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products		
						Other (Spec	— ·ifv)		
Pathological examin	nation If yes, results:								
performed?	No					Did this termination of pregnancy result in a maternal death?			
						Yes N			
		Туре	of Termi	nation Procedu					
Procedure that Term		Additional Pr	ocedure	e that Terminated Pr	regnancy				
Medical (Nons)     Medical (Nons)		☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e				
Medical (Nonsi				rgical) Other (Spec					
	cal) Suction Curettage			Medical	(Surgic	al) Suction Curetta	ge		
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	n the best opportuni	ty to survive?		
	s for determination that the p	regnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition		
	procedure to avert death or ser						ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	=	Physicia	n estimat	e of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)		
How were the gestar	03/30/2018 tional age and post fertilization	on age determined?		9			7		
ULTRASOUND	- •	- -							
D.11							-		
Full name of physic DR. MANDY GITT	ian performing termination LER								
Address of physicia	e, and zip	code)							
0043 CUNNECTIC	CUT STREET, MERRILLVI	LLE, IN 404 IV							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  06/11/2018							_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					ncy terminatio	n		County of pregnancy termination LAKE		
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
25		Yes No	05/30/20	18				2th, No Diploma			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown	☐ Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:	Ni	umber of spontaneou	4 s terminations			Number of ir		0 inations			
Other Termination	15.		ation. If more than six (6	) those m	ost recent )			0			
1	2		3			5.		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					•	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:			<b>─</b> □	Hemorrhag	ge 🔲 Cervi	cal Laceration		
☐ Yes ■	No						Infection	☐ Retain	ned Products		
							Other (Spe	ecify)			
Pathological examin	ation	If yes, results:									
performed?	No					Did this termination of pregnancy result in a maternal death?					
						Yes No					
			Tyma	of Termi	nation Procedu	res					
Procedure that Term	ningted D	regnancy	1 9 pc	, or Tellill		ocedure that T	erminated D	regnancy			
☐ Medical (Nonsurgical) Mifepristone											
☐ Medical (Nonsu	Misoprostol			Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol							
Medical (Nonsu	Medical	(Nonsurgical)	Other (Spe	cify)							
Medical (Surgion Medica		ion Curettage strual Aspiration				(Surgical) Suc (Surgical) Me					
Medical (Surgio						(Surgical) Oth					
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proc	edures, ansv	wer the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the be	est opportuni	ity to survive?			
		rmination that the n	egnant woman had a con	dition							
that required the pr			ous impairment to the pr		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?						
woman?					woman?						
Date last normal me	nses hea	an	Physicia	an estimat	e of gestation (i	n weeks)	Poet fo	ertilization age of the	fetus (in weeks)		
	04/	06/2018		csuillidi	8 8	n weeks)	1 081 1	6	icus (iii weeks)		
How were the gestat	tional age	e and post fertilization	n age determined?				·				
OLINASCUND											
Full name of physic	Full name of physician performing termination										
DR. MANDY GITTI	LER	_									
Address of physician 8645 CONNECTIC	-	nber and street, city, stat _LE, IN 46410	code)								
		·	·								
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 06/11/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	TICUT STREET,	City or t		ncy termination		County of pregnand	cy termination <b>AKE</b>		
Patient's age**	Marrie	d	Date of pregnancy term	ination	Educa	tion					
20		Yes No	05/30/20					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			0			Number of inc		0			
Other Termination	15.	umber of spontaneou	0	\ T		runiber of file	iuceu terrin	0			
1	is ( <i>Do no</i>		ation. If more than six (6			5		6			
Fetus delivered alive	e?	If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforation						
							Hemorrhag	ge 🔲 Cervie	cal Laceration		
Fetus viable?	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examin	ation	If yes, results:				_   '	Oulei (Spe	cijy)			
performed?		ii yes, resuits.									
☐ Yes ■	No					Did thi ☐ Ye			It in a maternal death?		
			Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsi	Mifepristone			☐ Medical	(Nonsurgical)	Mifepristor	ne				
Medical (Nonsu Medical (Nonsu						(Nonsurgical) I (Nonsurgical)					
- Wedlear (Fromse	argicur)	other (speegy)			Micalcar	(1 tonsurgicus)	other (spec	-957			
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus give		t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
	_	· · · · · · · · · · · · · · · · · · ·		157	_	☐ Yes ☐ No  What was the basis for determination that the pregnant woman had a condition					
that required the pr			egnant woman had a cor ous impairment to the pr		that require			that the pregnant won ath or serious impairr			
woman?					woman?						
Date last normal me	_	an <b>20/2018</b>	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat			n age determined?					•			
ULTRASOUND											
Full name of physics  DR. MANDY GITTI		rming termination									
		ning termination (nun	nber and street, city, stat	te, and zip	code)						
8645 CONNECTIC	UT STR	EET, MERRILLVII	LE, IN 46410								
-			6 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/11/2018					_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN. 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town,	City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE					
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			I				<u> </u>		
Patient's age**	Married  Yes No	Date of pregnancy term 05/30/20		Educati		iah Sobo	ool Dinloma or GED		
Race					<u>н</u>	Ethnicity			
☐ American Indian☐ Native Hawaiian☐	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ☐ White ☐ Other	k or African Ai		Unknown	☐ Hisp	anic or Latino Hispanic or Latino		
Live Births:	Number now living	2			Number now do		0		
Other Termination	Number of spontaneo				Number of indu	iced termi	-		
	as (Do not include this termin	nation. If more than six (6	), those most re	ecent.)					
I. UNKNOWN		3	4		5		cation(s) of Pregnancy Termination		
Fetus delivered alive	, ,	ime fetus survived:				•	_		
							Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:				Iemorrhag	<u> </u>		
☐ Yes ■	No			☐ Infection ☐ Retained Products					
						Other (Spe	cify)		
Pathological examin performed?	ation If yes, results:								
☐ Yes ■ No					Did this termination of pregnancy result in a maternal death?  Yes No				
	I				_   ∟ 1es	, <u> </u>	<u> </u>		
		Type	of Termination	n Procedure	es				
Procedure that Term	ninated Pregnancy	J.F.			cedure that Teri	minated P	regnancy		
	urgical) Mifepristone				Nonsurgical) M				
Medical (Nonsu	urgical) Misoprostol			Medical (	Nonsurgical) M	Iisoprosto	1		
Medical (Nonsu	argical) Other (Specify)			Medicai (	Nonsurgical) O	uner ( <i>spec</i>	<i>(IJ)</i> )		
	cal) Suction Curettage cal) Menstrual Aspiration				Surgical) Suction Surgical) Mens				
Medical (Surgio	cal) Other (Specify)			Medical (	Surgical) Other	(Specify)			
For Medical (Surgic	al) procedures, answer the fo	ollowing question.	For	Medical (S	Surgical) proced	ures, answ	ver the following question.		
Was the fetus viab	le or have a post fertilization  No	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	plete the following question	ons. If the	he previous	question was an	nswered y	es, complete the following questions.		
Was the fetus give	n the best opportunity to sur  No	vive?	W	Vas the fetus	s given the best	opportuni	ty to survive?		
	s for determination that the p						hat the pregnant woman had a condition		
that required the pro- woman?	rocedure to avert death or se	rious impairment to the pr	-	nat required roman?	the procedure to	o avert de	ath or serious impairment to the pregnant		
Date last normal me	nses began	Physicia	an estimate of g	gestation (in	weeks)	Post fe	ertilization age of the fetus (in weeks)		
How ware the cost-	03/29/2018	on aga datarminada		8			6		
ULTRASOUND	tional age and post fertilizati	on age determined?							
Full name of physici	ian performing termination								
	n performing termination (ni	ımber and street, city, stat	te, and zip code	?)					
	UT STREET, MERRILLV								
	5.00 10-								
_	to DCS, if Patient under		<del></del>				_		
DATE DECEIVE	ED RV ISDH (month day	<sub>vear</sub> ). 06/11/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or		ncy termination		County of pregnand	cy termination  AKE		
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
28		Yes No	05/30/20					ollege, No Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0 us terminations			Number of inc	luced termi	nations 0			
Other Termination	15.		1 ation. If more than six (6	1 41 000 00	204 422244 )	Trumoer of me		0			
2015	2		3			5		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforation						
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examin	ation	If yes, results:				<b> </b>	Outer (Spe	cijy)			
performed?		ii yes, resuits.									
☐ Yes ■	No					Did thi ☐ Ye			It in a maternal death?		
		•				, –					
			Туре	e of Termi	nation Procedu	res					
Procedure that Term	Procedure that Terminated Pregnancy Additional Addition							regnancy			
Medical (Nonsu	Mifepristone			☐ Medical	(Nonsurgical) 1	Mifepristor	ne				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
	argreur)	omer (speegy)				(1 tonouigioui)	outer (Spec	-957			
	1) 0					(G : 1) G :					
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgic	al) proce	dures, answer the fol	llowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previous question was answered yes, complete the following questions.						
Was the fetus give		t opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
What was the basi	s for dete	ermination that the n	egnant woman had a cor	ndition		_	rmination t	hat the pregnant won	an had a condition		
that required the pr			ious impairment to the pr		that require			ath or serious impair			
woman?					woman?						
Date last normal me	_	an <b>04/2018</b>	Physicis	an estimat	e of gestation (i  5	in weeks)	Post fe	ertilization age of the <b>3</b>	tetus (in weeks)		
How were the gestat			n age determined?					<u>-</u>			
ULTRASOUND											
Full name of physics  DR. MANDY GITTI		rming termination									
		ning termination (num	mber and street, city, sta	te, and zip	code)						
8645 CONNECTIC	UT STR	EET, MERRILLVII	LLE, IN 46410								
44D		·CD									
-			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/11/2018					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or to	own, of pregna	y termination					
Patient's age** Married Date of pregna	ncy termination	Educa	tion					
24 Yes No 09	5/30/2018				llege, No Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa☐ Other	n American	☐ Unknow		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births: Number now living 0				w deceased	0			
Other Terminations: Number of spontaneous terminations			Number of	induced termin	nations 0			
Dates of terminations (Do not include this termination. If more the	an six (6), those mo	st recent.)						
1	4.		1	5	ation(s) of Pregnancy	Termination		
Fetus delivered alive?  Yes No  If yes, length of time fetus survived	d:			_				
				_	_	e Perforation		
Fetus viable? If viable, medical reason for termin	nation:			Hemorrhage	_	al Laceration		
☐ Yes ■ No			-	Infection	☐ Retain	ed Products		
				Other (Spec	ify)			
Pathological examination performed?								
Yes No						t in a maternal death?		
<u> </u>			<u> </u>	Yes • No	)			
	Type of Termin	ation Procedu	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pro	egnancy			
Medical (Nonsurgical) Mifepristone				l) Mifepristone				
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)				<ol> <li>Misoprostol</li> <li>Other (Special</li> </ol>				
Interior (Consultion) Care (Speedy)								
Medical (Surgical) Systian Countries		☐ Madical	(Summing) S	vation Cumatta				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		■ Medical	(Surgical) N	uction Curettag Ienstrual Aspir				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) (	Other (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question		For Medical (	Surgical) pro	ocedures, answ	er the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ☐ No	/eeks?		us viable or l Yes 🔲 No		ilization age at least 2	20 weeks?		
If the previous question was answered yes, complete the following	g questions.	If the previou	s question w	as answered ye	es, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the	best opportunit	y to survive?			
What was the basis for determination that the pregnant woman h	nad a condition				nat the pregnant wom			
that required the procedure to avert death or serious impairment woman?	to the pregnant	that required woman?	d the procedu	are to avert dea	th or serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fer	rtilization age of the f	etus (in weeks)		
03/26/2018		<b>7</b>		1 031 101	5	( To Tree May		
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	d?							
Full name of physician performing termination DR. MANDY GITTLER								
Address of physician performing termination ( <i>number and street</i> , <b>8645 CONNECTICUT STREET</b> , <b>MERRILLVILLE</b> , <b>IN 46410</b>	city, state, and zip o	code)	<del></del>					
OSTO COMPLETION STREET, MERRILLVILLE, IN 40410								
**Date Reported to DCS, if Patient under 16 (month, day, )	 vear):				-			
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRIMERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or t	ity or town, of pregnancy termination County  MERRILLVILLE				cy termination  AKE	
Patient's age**  34  Race  Marrie	ed Yes No	Date of pregnancy term 05/30/20		Educa		ligh School	ol Diploma or GE	D	
☐ American Indian or Alas ☐ Native Hawaiian or Othe	er Pacific Islander	Asian Blace White Other		an American	Unknown	Hispa  Not H	nic or Latino Hispanic or Latino	Unknown	
Live Births:	umber now living	2			Number now d	eceased	0		
Other Terminations: N	umber of spontaneou	s terminations			Number of ind	uced termir	nations 0		
Dates of terminations (Do no	ot include this termino	ation. If more than six (6	), those me	ost recent.)	5.		6.		
Fetus delivered alive?	If yes, length of tin					Complic	ration(s) of Pregnanc	y Termination	
☐ Yes ■ No					1	None	☐ Uterir	ne Perforation	
F	76 : 11 1: 1			Hemorrhage Cervical Laceration					
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products					
						Other (Spec	rify)		
Pathological examination	If yes, results:					outer (spec	937		
performed?	ii yes, resuits.								
☐ Yes ■ No					Did this			lt in a maternal death?	
	•				·				
		Туро	e of Termi	nation Procedur	res				
Procedure that Terminated P	regnancy			Additional Pr	ocedure that Ter	minated Pr	egnancy		
Medical (Nonsurgical)			(Nonsurgical) N						
Medical (Nonsurgical) Medical (Nonsurgical)					(Nonsurgical) N (Nonsurgical) C				
Medical (Surgical) Suc	☐ Medical	(Surgical) Sucti	on Curettag	ge					
Medical (Surgical) Mer Medical (Surgical) Oth	nstrual Aspiration				(Surgical) Mens (Surgical) Other	strual Aspir	ration		
Wiediem (Burgiean) Our	or (specify)			iviculcar	(Burgicur) Ourc	г (Бресцу)			
Ear Madical (Surgical) process	dunes anarron the fel	Havring greation		For Medical (	(Cumai aal) mma aad	lumas amarro	on the fellowing ave	ation.	
For Medical (Surgical) proce							er the following que		
Was the fetus viable or hav ☐ Yes ■ No	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given the bes ☐ Yes ☐ No	st opportunity to surv	ive?			us given the best Yes	opportunit	y to survive?		
	· · · · · · · · · · · · · · · · · · ·		11.41		_			1 1 12	
What was the basis for dete that required the procedure				that require			nat the pregnant won th or serious impairs	nan had a condition ment to the pregnant	
woman?				woman?					
Date last normal menses beg	an <b>/06/2018</b>	Physici	an estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestational ag		n age determined?				ĺ	<u> </u>		
ULTRASOUND									
Full name of physician performance of physicia	Full name of physician performing termination  DR. MANDY GITTLER								
Address of physician performance 8645 CONNECTICUT STR	-		te, and zip	code)					
5043 CONNECTION STR	NELI, WIENKILLVII	, IIV 404 IU							
**Date Reported to DCS	, if Patient under 1	6 (month, day, year):					-		
DATE RECEIVED BY ISDH (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	•		County of pregnancy termination LAKE		
Decision of the second	T	D-4- C	:·		4:-				
Patient's age** 20	Married ☐ Yes ■ No	Date of pregnancy term <b>05/30/20</b> 1		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		an American	☐ Un		y anic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Numb	per now deceased	0		
Other Termination	Number of spontaneou	us terminations			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	ation. If more than six (6,	), those m	ost recent.)			-		
1		3		4		5	cation(s) of Pregnancy Termination		
Fetus delivered alive	, , ,	me fetus survived:				_	_		
						■ None	Uterine Perforation		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■	No					☐ Infection ☐ Retained Products			
						Other (Spec	cify)		
Pathological examination performed?									
☐ Yes ■	No					Did this termination  ☐ Yes ■ N	on of pregnancy result in a maternal death?		
		Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
Medical (Nons		☐ Medical	(Nonsu	rgical) Mifepriston	e				
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprosto rgical) Other (Spec			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge		
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration		
ivicultur (Burgi	car) Guier (Speegy)			Wiedicar	(Burgie	an) Onici (specify)			
		11			(C:-	.1\			
	cal) procedures, answer the fo					_	ver the following question.		
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	ıs questi	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportuni	ty to survive?		
What was the basi	s for determination that the p	regnant woman had a con	dition	What was th	he basis	for determination t	hat the pregnant woman had a condition		
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
Woman.				woman.					
Date last normal me		Physicia	n estimat	e of gestation (i	in weeks	s) Post fe	ertilization age of the fetus (in weeks)		
How were the gesta	03/19/2018 tional age and post fertilization	on age determined?		9			7		
ULTRASOUND									
Full name of physic DR. MANDY GITT	ian performing termination								
_	n performing termination (nu	mber and street, city, stat	code)						
8645 CONNECTIO	CUT STREET, MERRILLVI	LLE, IN 46410							
**Data Danartad	to DCS, if Patient under 1	6 (month day year)							
•							_		
DATE RECEIVI	ED BY ISDH (month, day,	year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or t		ncy termination	Со	County of pregnancy termination LAKE		
Patient's age** Married Date of pregr	nancy termination	Educa	tion				
27 ☐ Yes ■ No	05/30/2018		н		iploma or GED	)	
Race American Indian or Alaska Native Asian	Black or Africa	an American	□ <b></b> .	Ethnicity  Hispanic			
Native Hawaiian or Other Pacific Islander  Live Births:  Number now living  2	Other		Unknown Number now d	Not Hispa eceased	0	Unknown	
Other Terminations: Number of spontaneous terminations	3		Number of ind	uced terminatio	ns		
Dates of terminations (Do not include this termination. If more	than six (6), those mo	ost recent.)			0		
I. UNKNOWN 2. 3.		4	5	Complication	n(s) of Pregnancy	Termination	
Fetus delivered alive?  ☐ Yes ■ No  If yes, length of time fetus survively represented by the survivelence of	ved:			None	`	e Perforation	
				Hemorrhage	_		
Fetus viable? If viable, medical reason for term	nination:			Č	_	al Laceration	
Yes No				nfection	☐ Retain	ed Products	
Pathological examination				Other (Specify)			
performed?							
Yes No			Did this		pregnancy result	t in a maternal death?	
	Type of Termir	nation Procedur	res				
Procedure that Terminated Pregnancy	ocedure that Ter	minated Pregna	ncy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M				
			(Nonsurgical) M (Nonsurgical) C				
■ Medical (Surgical) Suction Curettage							
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspiration r ( <i>Specify</i> )	1		
For Medical (Surgical) procedures, answer the following questi-	on.	For Medical (	Surgical) proced	lures, answer th	e following ques	 tion.	
Was the fetus viable or have a post fertilization age at least 20					tion age at least 2		
☐ Yes ■ No	Weeks.		Yes No	u post rerumau	iron age at reast 2	is weeks.	
If the previous question was answered yes, complete the follow	ing questions.	If the previou	s question was a	nswered yes, co	omplete the follow	wing questions.	
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to	survive?		
	. 1 4 4141	_	_			bd dial	
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairme		that require				an had a condition ent to the pregnant	
woman?		woman?					
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fertiliz	ation age of the f	etus (in weeks)	
02/25/2018		13		2 SSC TOTALIZ	11		
How were the gestational age and post fertilization age determinuLTRASOUND	ned?						
Full name of physician performing termination							
DR. MANDY GITTLER  Address of physician performing termination (number and street)	et city state and zin	code)					
8645 CONNECTICUT STREET, MERRILLVILLE, IN 4641							
**Date Reported to DCS, if Patient under 16 (month, day	vaar):						
00/44							
DATE RECEIVED BY ISDH (month, day, year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address 07 west 16th street suite b2	INDIANAPOLIS, IN 46222	City or tow		ncy termination	County of pregnancy MAR			
Patient's age**	Married	Date of pregnancy term	ination	Educat	ion				
35	Married ☐ Yes ■ No	<b>05/17/20</b> 1		Educat		me College, No Degree			
	n or Alaska Native	☐ Asian ☐ Black ☐ White ☐ Othe	k or African . er	American	Unknown [	thnicity  Hispanic or Latino Not Hispanic or Latino	Unknown		
Live Births:	Number now living	4			Number now deco	0			
Other Termination		2			Number of induce	d terminations 2			
Dates of termination  2013	ns ( <i>Do not include this termi.</i> 2. <b>2011</b>	nation. If more than six (6, <sub>3.</sub> <b>01/16/2016</b>		recent.) 03/28/2015	5.	6			
Fetus delivered alive		ime fetus survived:				Complication(s) of Pregnancy 7	Termination -		
☐ Yes ■	No			Perforation					
					Hei	norrhage	Laceration		
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	l reason for termination:				ction	l Products		
				Other (Specify)					
Pathological examin	nation If yes, results:					ы (эресцу)			
performed?		NIC VILLI, & FETAL PA	рте						
■ Yes □	No SAC, CHORIO	NIC VILLI, & FETAL PA	KIS		Did this te	rmination of pregnancy result i  No	n a maternal death?		
		Туре	of Terminati	ion Procedur	es				
Procedure that Term	ninated Pregnancy		A	Additional Pr	ocedure that Termi	nated Pregnancy			
Medical (Nons	urgical) Mifepristone				(Nonsurgical) Mif				
	urgical) Misoprostol urgical) Other (Specify)				(Nonsurgical) Mis (Nonsurgical) Oth				
■ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgical) Suction	Curettage			
☐ Medical (Surgion	cal) Menstrual Aspiration cal) Other (Specify)		=	Medical	(Surgical) Menstru (Surgical) Other (Surgical)	al Aspiration			
Medicai (Surgio	cai) Other ( <i>specify</i> )			Medical	(Surgical) Other (2	ресцу)			
For Medical (Surgic	cal) procedures, answer the f	ollowing question.	F	for Medical (	Surgical) procedur	es, answer the following question	on.		
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	n age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	plete the following question	ns. If	f the previou	s question was ans	vered yes, complete the followi	ing questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?			is given the best op	portunity to survive?			
	s for determination that the	oregnant woman had a con	dition	_	was the basis for determination that the pregnant woman had a condition				
that required the p	rocedure to avert death or se		egnant	that required		vert death or serious impairmen			
woman?				woman?					
Date last normal me	enses hegan	Physicia	n estimate of	f gestation (i	n weeks)	Post fertilization age of the fet	nis (in weeks)		
	03/02/2018		ar estimate of	12	i weeks)	10	us (in weeks)		
How were the gestar SONOGRAM	tional age and post fertilizati	on age determined?							
JOHOGINAIVI									
Full name of physic	ian performing termination								
KATHLEEN GLO	VER			• `					
	n performing termination (na STREET, INDIANAPOLIS		e, and zip cod	de)					
	,	·							
**Date Reported	to DCS, if Patient under	16 (month, day, year):							
_	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  06/11/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE I	City or town	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION			
Patient's age** Married	Date of pregnancy term	nination	Educa	tion					
21   Married   Yes No			Lauca	non		Some Co	llege, No De	gree	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Number now living	☐ White ☐ Othe	k or African A	merican		known er now d	Not H	nic or Latino lispanic or Lat	tino	□ Unknown
Live Births:	0					uced termin	0		
Other Terminations: Number of spontan	0			Numb	er of indi	ucea termin	1		
Dates of terminations ( <i>Do not include this tern</i> 1. <b>12/15/2017</b> 2.	nination. If more than six (6		ecent.)		5.		6	5.	
	f time fetus survived:					Complica	ation(s) of Pre	gnancy	Termination
☐ Yes ■ No					■ N	None		Uterine	e Perforation
					□ I	Hemorrhage	. 🗆	Cervic	al Laceration
Fetus viable? If viable, media	cal reason for termination:					nfection	_	Retain	ed Products
							:G.)	retain	ed Froducts
Pathological examination If yes, results:						Other (Spec	ify)		
performed?									
■ Yes □ No SAC AND CH	ORIONIC VILLI				Did this ☐ Yes			y resul	t in a maternal death?
	Type	of Terminatio	n Procedu	res					
Procedure that Terminated Pregnancy					that Ter	minated Pro	egnancy		
						lifepristone			
☐ Medical (Nonsurgical) Misoprostol			Medical	(Nonsu	rgical) M	Iisoprostol			
Medical (Nonsurgical) Other (Specify)			Medical	(Nonsu	rgical) C	Other (Speci	fy)		
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						on Curettag strual Aspir			
Medical (Surgical) Other (Specify)						r (Specify)	ation		
For Medical (Surgical) procedures, answer the	following question.	For	r Medical (	Surgica	ıl) proced	lures, answe	er the following	ng ques	_ tion.
Was the fetus viable or have a post fertilizati ☐ Yes ■ No	on age at least 20 weeks?	V		us viable Yes [		a post ferti	lization age a	t least 2	20 weeks?
If the previous question was answered yes, co	nplete the following question	ons. If t	he previou	s auesti	on was a	nswered ve	s, complete th	e follo	wing questions.
Was the fetus given the best opportunity to s				•		•	y to survive?		
Yes No	ui vive:			res [		opportunit	y to survive.		
What was the basis for determination that the									an had a condition
that required the procedure to avert death or woman?	serious impairment to the pr		nat require voman?	d the pro	ocedure t	o avert dea	th or serious i	mpairm	ent to the pregnant
Date last normal menses began	Physicia	an estimate of g	gestation (i	n weeks	;)	Post fer	tilization age	of the f	etus (in weeks)
03/20/2018		01 8	8		,	. 550 101		6	- (
How were the gestational age and post fertilize SONOGRAM	ation age determined?								
JUNUGRAIVI									
Full name of physician performing termination	1								
KATHLEEN GLOVER									
Address of physician performing termination	•	te, and zip code	2)						
3607 WEST 16TH STREET, INDIANAPOL	.13, 111 40222								
**Date Reported to DCS, if Patient under	r 16 (month day year)								
ATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add CLINIC FOR WOMEN - 3607 V	lress WEST 16TH STREET SUITE B2,	City or town		ncy termination		County of pregnancy termination MARION		
27	Married  ■ Yes □ No	Date of pregnancy term 05/17/20		Educat	tion		ter's Degree	
Race American Indian or		= =	k or African A	american			nic or Latino	
Live Births:	Other Pacific Islander Number now living	☐ White ☐ Othe	er		Unknown Number now d		Hispanic or Latino	Unknown
Other Terminations:	Number of spontaneo	us terminations			Number of ind	uced termin		
Dates of terminations (	Do not include this termin	nation. If more than six (6)	), those most r	ecent.)	5.			
Fetus delivered alive?	If yes, length of ti	me fetus survived:				Complic	ation(s) of Pregnanc	y Termination
Yes No				■ None ☐ Uterine Perfor				
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration				
Yes No	· · · · · · · · · · · · · · · · · · ·	reason for termination.			_ I	nfection	Retain	ned Products
						Other (Spec	rify)	
Pathological examinati	on If yes, results:							
performed?  • Yes No	SAC, CHORION	IC VILLI, & FETAL PA	RTS		Did this			lt in a maternal death?
	•				•			
		Type	of Termination	on Procedur	res			
Procedure that Termina	ated Pregnancy		Ac	lditional Pr	ocedure that Ter	minated Pr	egnancy	
	cical) Mifepristone				(Nonsurgical) N			
☐ Medical (Nonsurg ☐ Medical (Nonsurg	cical) Misoprostol (ical) Other (Specify)				(Nonsurgical) N (Nonsurgical) C			
Medical (Surgical)	) Suction Curettage		_	Medical	(Surgical) Sucti	on Curetta	ge	
	) Menstrual Aspiration			Medical	(Surgical) Mens (Surgical) Other	strual Aspii		
Medicai (Surgicai	) Guier (specify)			Wiedicui	(Surgicur) Ouro	r (Specify)		
For Medical (Surgical)	procedures, answer the fo	ollowing question.	<u></u>	r Medical (	(Surgical) proced	lures, answ	er the following que	stion.
Was the fetus viable ☐ Yes ■	or have a post fertilization	age at least 20 weeks?	\		us viable or have	a post fert	ilization age at least	20 weeks?
	n was answered yes, comp	elete the following question	ons. If	_	_	nswered ve	es, complete the follo	owing questions.
	he best opportunity to sur	• •		_	us given the best	-	_	
☐ Yes ☐					Yes No	- F F	,	
	or determination that the predure to avert death or ser		regnant t				nat the pregnant wor th or serious impair	nan had a condition ment to the pregnant
Date last normal man-	es hegan	Divori	an estimate of	apetation /	in weeks)	Dogt f-	rtilization ago of 41-	fetus (in weeks)
Date last normal mense	03/08/2018		an estimate of	11	n weeks)	Post 16	rtilization age of the	icius (in weeks)
How were the gestation SONOGRAM	nal age and post fertilization	on age determined?						
Full name of physician KATHLEEN GLOVE	performing termination							
	performing termination (nu	mber and street, city, stat	te, and zip cod	e)				
3607 WEST 16TH ST	REET, INDIANAPOLIS	5, IN 46222						
**Date Reported to	DCS, if Patient under	16 (month, day, year):						
DATE DECEIVED	RV ISDH (month day	nagr). 06/11/2018						

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Policies 's agget's   Mustic   No.   Date of programmy termination   OSH172018   Backed Affician Associated   Mustic	Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 16TH STREET SUITE B2	INDIANAPOLIS, IN 46222	City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION				County of pregnancy termination  MARION			
Second   Control   Contr											
Rece   Autoricum Indians or Alaska Native   Asian   Ricks or African American   Unitarity   Hispanic or Latino   Unitarown   Repetitive or Latino   Unitarown   Received   Recei	_				Educa	tion					
Anterior Incident or Adashe Assieve   Walkin   Other or Artican American   Valuations (Incident or Other Perfeit) (Indianated   Walkin   Walkin   Walking (Incident or Other Perfeit) (Indianated   Walking (Indianated   Walk	_	∐ Yes ■ No	05/17/20	18					<u> </u>		
Number to row deceased   Number of special constitutions   Number of productions   Number of Product	American Indian				American			Hispa	nic or Latino		
Dute   Certifications   Number of spontaneous terminations   Number of indices of the spontaneous terminations   Number of indices of the spontaneous   Number of indices			☐ White ☐ Othe	er					lispanic or Latino Unknown		
Type of Termination Poscalaries (Para not include the termination:   Para delicered alive?   Para delicered alive.   Para de		Number of spontages				Numl	er of induced	termir	-		
Peter delived alives		18.	0	5) .#		rvaine	or or madeca				
Complication(s) of Pregnancy Termination   None   Detrine Perforation					recent.)		5		6		
Ves   No	Fetus delivered alive						Co	omplic	ation(s) of Pregnancy Termination		
Hemorrhage   Cervical Laceration   Feeting   Hemorrhage   Cervical Laceration   Cervical Laceration   Hemorrhage   Cervical Laceration   Cervical	☐ Yes ■	, ,					■ None		Uterine Perforation		
Frus valve?   No   If viable, medical reason for termination:       Infection     Retained Products											
Pathological esamination   If yes, results:			l reason for termination:								
Pathological examination   If yes, results:	∐ Yes ■	No									
SAC, CHORIONIC VILLI, & FETAL PARTS							☐ Other	(Spec	ify)		
SAG. CHORIONIC VILLI, & FETAL PARTS   Did this termination of pregnancy result in a maternal death?   Yes   No   No   No   No   No   No   No   N											
Type of Termination Procedures	l *	No SAC, CHORION	NIC VILLI, & FETAL PA	RTS			Did this term	ninatio	on of pregnancy result in a maternal death?		
Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misperstone   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   If the previous question was answered yes, complete the following questions.   Was the fetus signed he best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began							☐ Yes	■ No	)		
Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misperstone   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Mentrual Aspiration   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   If the previous question was answered yes, complete the following questions.   Was the fetus signed he best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began											
Medical (Nonsurgical) Misiopristone   Medical (Nonsurgical) Misiopristone   Medical (Nonsurgical) Misiopristone   Medical (Nonsurgical) Misiopristone   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   For Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   If the previous question was answered yes, complete the following questions.   Was the fetus given the hest opportunity to survive?   Yes   No   No   Yes   No   What was the basis for determination that the pregnant worman had a condition that required the procedure to avert death or serious impairment to the pregnant worman?   Was the passis for determination that the pregnant worman had a condition that required the procedure to avert death or serious impairment to the pregnant worman?   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   12   10   NonGRAM			Туре	e of Termina	tion Procedu	res					
Medical (Nonsargical) Misoprostol   Medical (Nonsargical) Misoprostol   Medical (Nonsargical) Other (Specify)   Medical (Nonsargical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus on the specific of the fetus (Surgical) procedures, answer the following question.   Was the fetus (Surgical) procedures, answer the following question.   Was the fetus specific or sp	Procedure that Term	ninated Pregnancy		1	Additional Pr	ocedur	e that Termina	ted Pr	egnancy		
Medical (Nonsargical) Misoprostol   Medical (Nonsargical) Misoprostol   Medical (Nonsargical) Other (Specify)   Medical (Nonsargical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus on the specific of the fetus (Surgical) procedures, answer the following question.   Was the fetus (Surgical) procedures, answer the following question.   Was the fetus specific or sp	☐ Medical (Nonst	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifep	ristone			
Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   For Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   No   No pervious question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Was the fetus given the best opportunity to survive?   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Physician estimate of gestation (in weeks)   12   10	☐ Medical (Nonst	urgical) Misoprostol			Medical	(Nonsu	rgical) Misor	rostol			
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgi	iviedicai (Nolist	urgicar) Other (Specify)		1	Wiedicai	(IVOIISU	irgical) Other	(Speci	<i>Jy)</i>		
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgical) Procedures, answer the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes   No   Medical (Surgi											
Medical (Surgical) Other (Specify)					Medical	(Surgic	eal) Suction C	urettag	ge		
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   12   10    How were the gestational age and post fertilization age determined?  SONOGRAM  Pull name of physician performing termination  KATHLEEN GLOVER   Address of physician performing termination (number and street, city, state, and zip code)  **Date Reported to DCS, if Patient under 16 (month, day, year):					Medical	(Surgic	cal) Other (Sp.	ecify)			
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   12   10    How were the gestational age and post fertilization age determined?  SONOGRAM  Pull name of physician performing termination  KATHLEEN GLOVER   Address of physician performing termination (number and street, city, state, and zip code)  **Date Reported to DCS, if Patient under 16 (month, day, year):											
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began   Physician estimate of gestation (in weeks)   12   10    How were the gestational age and post fertilization age determined?  SONOGRAM  Pull name of physician performing termination  KATHLEEN GLOVER   Address of physician performing termination (number and street, city, state, and zip code)  **Date Reported to DCS, if Patient under 16 (month, day, year):	For Medical (Surgic	cal) procedures, answer the fe	ollowing question.	<sub>I</sub>	For Medical	Surgica	al) procedures	answ	er the following question.		
Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N		-									
Was the fetus given the best opportunity to survive?    Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   12   10     How were the gestational age and post fertilization age determined?   SONOGRAM   In the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)   12   10     To weeks   In the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)   12   10     To weeks   In the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Post fertilization age of the fetus (in weeks)   12   10     To weeks   In the pregnant woman?   In the pregnant woman?   In the pregnant woman?			i age at least 20 weeks:					ist icit.	inzation age at least 20 weeks:		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  02/24/2018  Physician estimate of gestation (in weeks)  12  10  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):	If the previous quest	tion was answered yes, comp	plete the following question	ons.	f the previou	ıs quest	ion was answe	ered ye	es, complete the following questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  02/24/2018  Physician estimate of gestation (in weeks)  12  10  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):	Was the fetus give	en the best opportunity to sur	vive?		Was the fet	ns oive	n the best oppo	ortunit	v to survive?		
that required the procedure to avert death or serious impairment to the pregnant woman?  That required the procedure to avert death or serious impairment to the pregnant woman?  That required the procedure to avert death or serious impairment to the pregnant woman?  That required the procedure to avert death or serious impairment to the pregnant woman?  That required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  12  10  That required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  10  That required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  10  That required the procedure to avert death or serious impairment to the pregnant woman?  Post fertilization age of the fetus (in weeks)  10  That required the procedure to avert death or serious impairment to the pregnant woman?			,,,,,					JI LUIII L	y to survive.		
Date last normal menses began  O2/24/2018  Physician estimate of gestation (in weeks)  O2/24/2018  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):											
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):		rocedure to avert death or se	rious impairment to the pr	regnant	_	d the pr	ocedure to ave	ert dea	th or serious impairment to the pregnant		
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):											
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):											
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):	D. I.	1	T		<u> </u>		, I		en en en en en		
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):	Date last normal me	•	Physicis	an estimate o		n week.	s)   F	ost fe	_		
Full name of physician performing termination  KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):	How were the gestat	tional age and post fertilizati	on age determined?						-		
**Date Reported to DCS, if Patient under 16 (month, day, year):	SONOGRAM										
**Date Reported to DCS, if Patient under 16 (month, day, year):											
Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222  **Date Reported to DCS, if Patient under 16 (month, day, year):											
**Date Reported to DCS, if Patient under 16 (month, day, year):			umher and street city sta	te and zin ca	nde)						
	**Date Reported	*Date Reported to DCS if Patient under 16 (month, day, year);									
DATE RECEIVED RV ISDH (month day year). 06/11/2018	_										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or		ncy termination		County of pregnan	cy termination ARION		
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educat	tion					
28		Yes No	05/17/20					nelor's Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		an American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0 us terminations			Number of ind		nations			
Other Termination	15.	•	ation. If more than six (6	() those m	ost recent )	rvamoer or me	deed terrin	4			
1. 01/14/2017		2011	3. 06/30/2011		4. 07/22/2009	5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
l les 🕒	NO					•	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No						☐ Infection ☐ Retained Products				
							Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:									
■ Yes	No	SAC & CHORIO	NIC VILLI			Did thi ☐ Ye			It in a maternal death?		
			Туро	e of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy		Additional Pr	ocedure that Ter	minated P	regnancy				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsu					Medical (Nonsurgical) Other (Specify)						
Medical (Surgio		tion Curettage				(Surgical) Suct (Surgical) Men					
Medical (Surgio						(Surgical) Othe					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgical) proceed	dures, answ	ver the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			fetus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	is question was a	question was answered yes, complete the following questions.				
Was the fetus give		st opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
		ermination that the n	egnant woman had a cor	ndition	_	_	rmination t	hat the pregnant wor	nan had a condition		
			ious impairment to the p					ath or serious impair			
					onmi						
Date last normal me	_		Physici	an estimat	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		<b>21/2018</b> e and post fertilization	n age determined?		8			6			
SONOGRAM	ronai ag	o ana post tertifizatio	a ago actorimited!								
Full name of physici	_	rming termination									
Address of physician	n perform		mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222								
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/11/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or		ncy termination	l	County of pregnan	cy termination		
Patient's age**	Marrie	nd.	Date of pregnancy term	nination	Educa	tion					
26		Yes No	05/17/20				9th-12	2th, No Diploma			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknown Number now	■ Not	y panic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	1 s terminations			Number of inc	luced term	0 inations			
Other Termination	15.	•	ation. If more than six (6	) those m	ost recent )			4			
1. 03/14/2015		12/21/2013	3. <u>04/05/2013</u>		4. 06/23/2012	<b>06/23/2012</b>					
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	NO					■	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes •	No	ir vinozo, modrour					☐ Infection ☐ Retained Products				
							☐ Other (Specify)				
Pathological examin	ation	If yes, results:									
performed?  • Yes	No	SAC, CHORION	C VILLI, & FETAL PA	RTS		Did th	is terminati	ion of pregnancy resu	It in a maternal death?		
						Ye					
Type of Termination Procedures											
			res								
Procedure that Term	inated P	regnancy			Additional Pr	rocedure that Te	rminated P	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical)					
Medical (Nonst					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage				(Surgical) Suct					
Medical (Surgion Medica		nstrual Aspiration er (Specify)				(Surgical) Mer (Surgical) Othe					
	, , , , , ,	(~ <b>F</b> 35)				(2118111)	(~ <i>F</i> 55)				
	-1\	edures, answer the fo	1			(C:1)	4	41- C-11			
	_					For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?					
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	ves, complete the follo	owing questions.		
Was the fetus give	n the be	st opportunity to surv	ive?		If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?						
☐ Yes [	☐ No				_ Y	Yes No	••				
			regnant woman had a contous impairment to the pr					that the pregnant won ath or serious impair			
woman?	roccdure	to avert death of ser	ous impairment to the pr	Cgnam	woman?	a the procedure	to avert de	atir or serious impairi	nent to the pregnant		
					<u> </u>						
Date last normal me	_		Physicia	an estimat	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)		
How were the gestat		07/2018 e and post fertilization	n age determined?		10			8			
SONOGRAM											
Full name of physics	_	orming termination									
		ming termination (num	nber and street, city, stat	code)							
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222								
_			6 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/11/2018					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to	own, of pregna	-			County of pre		County of pregnancy termination  MARION		
Patient's age**		1	Date of pregnancy term	nination	Educa	tion							
27	Marrie [	ed ☐ Yes ■ No	05/17/20		Educa	uon	н	igh Schoo	ol Diploma o	r GED	)		
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		an American		known er now d	Not H	nic or Latino lispanic or Lati	ino	☐ Unknown		
Live Births:		umber of spontaneou	3			Numb	or of ind	uced termin	0				
Other Termination	15.	•	1			Nullio	er or mu	uced termin	0				
Dates of termination 2008	is ( <i>Do no</i>		ation. If more than six (6		ost recent.)		5		6				
Fetus delivered alive	e?	If yes, length of ti			*			Complic	ation(s) of Pre	gnancy	/ Termination		
☐ Yes ■	No	, , ,					<b>■</b> N	None		Uterin	e Perforation		
							_ _ 1	Hemorrhage		Cervic	al Laceration		
Fetus viable?		If viable, medical	reason for termination:					C					
☐ Yes ■	No						li	nfection		Retain	ed Products		
								Other (Spec	ify)				
Pathological examination performed?													
■ Yes □	No	SAC, CHORION	IC VILLI, & FETAL PA	RTS						y resul	t in a maternal death?		
							☐ Yes	s 🔳 No	)				
			Туре	of Termin	nation Procedu								
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	that Ter	minated Pro	egnancy				
Medical (Nonsu					☐ Medical ☐ Medical	(Nonsu	rgical) N	lifepristone	•				
Medical (Nonsu  Medical (Nonsu								Iisoprostol Other ( <i>Speci</i>	fy)				
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgic	al) Sucti	on Curettag	re				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			Medical	(Surgic	al) Mens	trual Aspir					
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	(Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical	Surgica	ıl) proced	ures, answ	er the followin	g ques	tion.		
Was the fetus viab ☐ Yes [		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						20 weeks?		
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was a	nswered ye	s, complete the	e follo	wing questions.		
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us given Yes		opportunit	y to survive?				
What was the basis	s for dete	ermination that the p	regnant woman had a con	ndition	What was the	ne basis	for deter	mination th	at the pregnan	t wom	an had a condition		
			ious impairment to the pr								nent to the pregnant		
woman :					woman?								
			T							-			
Date last normal me		an 1 <b>4/2018</b>	Physicia	an estimate	of gestation (i	n weeks	5)	Post fer	tilization age o	of the f	fetus (in weeks)		
How were the gestat			on age determined?										
SONOGRAM													
[ <del>- "</del>													
Full name of physici	_	rming termination											
		ning termination (nu	mber and street, city, stat	te, and zip	code)								
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222										
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):										
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/11/2018						_				

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnan	cy termination		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
21		Yes No	05/17/20					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		☐ Asian ■ Blac ☐ White ☐ Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			0			Number of ind		0			
Other Termination	3.	umber of spontaneou	0	1 .7		Number of ma	ucea terrin	1			
1. <b>2012</b>	is (Do no 2		ation. If more than six (6			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■ 1	No				■ None ☐ Uterine Perforatio						
7		70				D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:					outer (spec				
performed?		SAC & CHORIO	NIC VII I I			Bildi de la Constanti de la Co					
■ Yes □	No	SAC & CHORIO	NIC VILLI			Did this termination of pregnancy result in a maternal death?  Yes No					
						·					
Type of Termination Procedures											
Procedure that Term	regnancy		Additional Pr	ocedure that Ter	minated P	regnancy					
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) M	//////////////////////////////////////	ne			
Medical (Nonsu	irgical)	Misoprostol				(Nonsurgical) M	/lisoprosto	1			
ivicultar (Tvonst	ingicai)	Other (Specify)			Wiedlean	☐ Medical (Nonsurgical) Other (Specify)					
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgice	al) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) proced	lures, answ	ver the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	rive?			us given the best	opportuni	ty to survive?			
What was the basis	s for dete	ermination that the pr	regnant woman had a cor	ndition	What was th	ne basis for deter	mination t	hat the pregnant won	nan had a condition		
			ious impairment to the pr					ath or serious impair			
					Jilmii						
Date last normal me	nses hea	an	Physicia	an estimate	e of gestation (i	n weeks)	Poet fa	ertilization age of the	fetus (in weeks)		
	03/	15/2018			<b>7</b>		1 051 10	5			
How were the gestat	ional age	e and post fertilization	on age determined?	_							
SONOGRAM											
Full name of physici	an nerfo	rming termination									
KATHLEEN GLO	_	communon									
Address of physician 3607 WEST 16TH	•	•	mber and street, city, star	te, and zip	code)						
3001 WEST 101H	JIKEE	i , IIIUIANAPULIS	, III 4UZZZ								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								
DATE RECEIVE											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222			own, of pregna	•		County of pregnancy termination MARION		
Patient's age**	N . 1	Date of pregnancy term	nination	Educa	tion		1		
20	Married ☐ Yes ■ No	05/17/20		Educa	tion	9th-12	th, No Diploma		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ White ☐ Othe		an American		Ethnicity Hisp known Not ber now deceased	anic or Latino Hispanic or Latino   Unknown		
Other Termination	Number of spontaneous	us terminations			Numb	er of induced termi	nations 0		
	ns (Do not include this termin	0	), those mo	ost recent.)			0		
1		3				5	6		
Fetus delivered alive	, , , , ,	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
	110					None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage					
☐ Yes ■	· · · · · · · · · · · · · · · · · · ·			☐ Infection ☐ Retained Products					
				☐ Other (Specify)					
Pathological examin	nation If yes, results:								
performed?  Yes	No SAC & CHORIO	NIC VILLI				Did this terminati	on of pregnancy result in a maternal death?		
						☐ Yes ■ N			
							1		
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	rocedure	that Terminated P	regnancy		
	urgical) Mifepristone urgical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ie I		
	urgical) Other (Specify)			Medical	(Nonsu	rgical) Other (Spec	rify)		
	cal) Suction Curettage					al) Suction Curetta			
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	<ul><li>al) Menstrual Aspi</li><li>al) Other (Specify)</li></ul>	ration		
	, , , ,			_		, , , , , , , , , , , , , , , , , , , ,			
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical	Surgica	1) procedures answ	ver the following question.		
						•			
	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previou	ıs questi	on was answered y	es, complete the following questions.		
Was the fetus give	en the best opportunity to surv	vive?		Was the fet	us giver	the best opportuni	ty to survive?		
☐ Yes [	□ No				Yes [	No			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	rocedure to avert death of ser	rous impuniment to the pr	Cognum	woman?	a the pr	occurre to avert de	and of serious impulliment to the pregnant		
Date last normal me		Physicia	an estimate	e of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gesta	03/23/2018 tional age and post fertilization	on age determined?		8			6		
SONOGRAM	-								
Full name of physic  KATHLEEN GLO	ian performing termination								
	n performing termination (nu	mber and street, city, sta	te, and zip	code)					
3607 WEST 16TH	STREET, INDIANAPOLIS	i, IN 46222							
-	to DCS, if Patient under						-		
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year):								

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/11/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre CLINIC FOR WOMEN - 3607 WE		NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy terminat	County of pregnancy termination MARION	
32	arried  Yes No	Date of pregnancy term <b>05/17/20</b>		Educa	tion		nelor's Degree
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ■ Blac ☐ White ☐ Othe		an American	Unknow	n Not I	v anic or Latino Hispanic or Latino
Live Births:	Number now living	3				w deceased	0
Other Terminations:	Number of spontaneou	s terminations 0			Number of	induced termin	nations 2
Dates of terminations (D UNKNOWN		ation. If more than six (6		· · · · · ·		_	
Fetus delivered alive?  Yes No	If yes, length of ti			4.		None	cation(s) of Pregnancy Termination  Uterine Perforation
Fetus viable?  Yes No	If viable, medical	reason for termination:					☐ Retained Products
Pathological examination	n If yes, results:						
performed?  Performed?  Prescription No  SAC & CHORIONIC VILLI  Did this termination of pregnancy result in a maternal decrease of the prescription of pregnancy result in a maternal decrease of the prescription of the prescrip							
		Туре	e of Termi	nation Procedur	res		
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy							
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgical) M	uction Curetta Ienstrual Aspin other (Specify)	ration
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (	(Surgical) pro	ocedures, answ	ver the following question.
Was the fetus viable or ☐ Yes ■ N	have a post fertilization No	age at least 20 weeks?			us viable or h Yes		tilization age at least 20 weeks?
If the previous question	was answered yes, comp	lete the following question	ons.	If the previou	s question w	as answered ye	es, complete the following questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?			us given the l Yes   No.	pest opportunit	ty to survive?
		regnant woman had a contious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant
Date last normal menses	began	Physicia	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)
	03/09/2018			8			6
How were the gestationa SONOGRAM	l age and post fertilization	on age determined?					
Full name of physician p	-						
Address of physician per 3607 WEST 16TH STR	forming termination (nu		te, and zip	code)			
	,						
**Date Reported to D	OCS, if Patient under 1	6 (month, day, year):					-

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222	y or town, of pregnan	•	County of pregnancy termination MARION				
Patient's age**  22  Married Yes No  Date of pregnancy terminati 05/17/2018	on Education		Some College, No Degree				
	African American	_	Ethnicity  Hispanic or Latino				
Native Hawaiian or Other Pacific Islander White Other  Live Births: Number now living		Unknown Number now de					
Other Terminations: Number of spontaneous terminations		Number of indu	ced terminations				
Dates of terminations (Do not include this termination. If more than six (6), the	ose most recent.)		0				
1	4	5	Complication(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:							
Fetus viable? If viable, medical reason for termination:			emorrhage Cervical Laceration				
☐ Yes ■ No			fection Retained Products				
Pathological examination		0	ther (Specify)				
performed?							
■ Yes No SAC & CHORIONIC VILLI		Did this Yes	termination of pregnancy result in a maternal death?  No				
Type of T	ermination Procedure	es					
Procedure that Terminated Pregnancy	Additional Pro	cedure that Tern	ninated Pregnancy				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol	Medical (I	Nonsurgical) M	ifepristone				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Suction Curettage		Surgical) Suction					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Surgical) Menst Surgical) Other					
For Medical (Surgical) procedures, answer the following question.	For Medical (S	Surgical) procedu	ares, answer the following question.				
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question was answered yes, complete the following questions.	If the previous	question was an	swered yes, complete the following questions.				
Was the fetus given the best opportunity to survive?			opportunity to survive?				
☐ Yes ☐ No		es 🗌 No					
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant	nt that required		nination that the pregnant woman had a condition avert death or serious impairment to the pregnant				
woman?	woman?						
Date last normal menses began Physician es	timate of gestation (in	weeks)	Post fertilization age of the fetus (in weeks)				
03/24/2018	8		6				
How were the gestational age and post fertilization age determined?  SONOGRAM							
Full name of physician performing termination							
KATHLEEN GLOVER  Address of physician performing termination (number and street, city, state, and street).	nd zip code)						
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222							
**Date Reported to DCS, if Patient under 16 (month, day, year):							
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnan	cy termination			
Patient's age**	Marrie	ıd.	Date of pregnancy term	nination	Educat	tion						
36		Yes No	05/17/20					nelor's Degree				
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now d	Not 1	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	N	umber of spontaneou	3 us terminations			Number of ind		0 inations				
Other Termination	15.		ation. If more than six (6	() 4h aga ma	294 #22294 )	Number of ma	deed term	2				
1. <b>2011</b>			anon. 15 more man six (c	**	The state of the s							
Fetus delivered alive		If yes, length of tin				Complication(s) of Pregnancy Termination						
☐ Yes ■	No					<b>I</b>	None	☐ Uterii	ne Perforation			
Estra adalah		TC:-1.14:1				I	Hemorrhag	ge 🗌 Cervi	cal Laceration			
Fetus viable?  Yes	No	ii viabie, medicai	reason for termination:			I	Infection	☐ Retain	ned Products			
						lп	Other (Specify)					
Pathological examin	ation	If yes, results:										
performed?  • Yes		SAC & CHORIO	NIC VILLI			D:14.	e tarmir - '	on of programs:	It in a maternal dd-0			
<u> </u>	110	2.5.1.5.1.101	- <del></del> -						It in a maternal death?			
Type of Termination Procedures												
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy				
☐ Medical (Nonsu						(Nonsurgical) N						
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	ion Curetta	nge				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			■ Medical	(Surgical) Mens	strual Aspi	iration				
☐ Medical (Surgio	car) Oth	er ( <i>specify</i> )			Medical	(Surgical) Othe	r ( <i>spec</i> ify)					
									_			
For Medical (Surgic	al) proce	edures, answer the fol	llowing question.		For Medical (	Surgical) proced	lures, answ	ver the following que	stion.			
Was the fetus viab		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	inswered y	es, complete the follo	owing questions.			
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fett	us given the best	opportuni	tv to survive?				
☐ Yes [		7				Yes No	11	,				
			regnant woman had a con					that the pregnant won				
woman?	ocedure	to avert death of sen	tous impairment to the p	regnam	woman?	a the procedure t	io aveit dei	am or serious impairi	nent to the pregnant			
Date last normal me	_		Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		KNOWN e and post fertilizatio	n age determined?		8			6				
SONOGRAM	8	r	<i>G</i>									
				·			·					
Full name of physici	_	rming termination										
Address of physician	ning termination (num											
3607 WEST 16TH	•		•									
_			6 (month, day, year):					_				
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/11/2018											

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 4	nd Address - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222  INDI					termination RION		
- Maried	ncy termination 5/17/2018	Educat	ion	9th-12th,	No Diploma			
□ American Indian or Alaska Native     □ Native Hawaiian or Other Pacific Islander     □ White	■ Black or Africa □ Other	n American	Unknown  Number now de	☐ Hispanic ■ Not Hisp	or Latino panic or Latino	Unknown		
Number of greateneous terminations			Number of indu		One			
Other Terminations: Number of spontaneous terminations 0  Dates of terminations (Do not include this termination. If more than 100 per	an six (6), those mo	st recent.)	Trumber of mac	acca terrimati	0			
1	4	•	5	C1:	on(s) of Pregnancy	T		
Fetus delivered alive?  Yes No  If yes, length of time fetus survive	ed:			_				
				Perforation				
Fetus viable? If viable, medical reason for termin	nation:			Hemorrhage		ll Laceration		
☐ Yes ■ No				nfection	☐ Retaine	ed Products		
	Other (Specify)							
Pathological examination performed?								
■ Yes  No SAC & CHORIONIC VILLI		Did this		of pregnancy result	in a maternal death?			
	Type of Termin	ation Procedur	es			_		
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregn	nancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration			(Surgical) Suction (Surgical) Mens		on			
Medical (Surgical) Other (Specify)			(Surgical) Other					
For Medical (Surgical) procedures, answer the following question	1.	For Medical (	Surgical) proced	ures, answer f	he following quest	– ion.		
Was the fetus viable or have a post fertilization age at least 20 w  ☐ Yes ■ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	g questions	If the previous question was answered yes, complete the following question						
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No	g questions.	Was the fetu	is given the best	-	_	mg questions.		
		_	<del>_</del>					
What was the basis for determination that the pregnant woman I that required the procedure to avert death or serious impairment woman?					the pregnant woma or serious impairme			
Date last normal menses began	Physician estimate	-	n weeks)	Post fertili	ization age of the fe	etus (in weeks)		
03/10/2018  How were the gestational age and post fertilization age determine	ed?	8			6			
SONOGRAM								
Full name of physician performing termination  KATHLEEN GLOVER								
Address of physician performing termination (number and street, 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	city, state, and zip o	code)						
**Date Reported to DCS, if Patient under 16 (month, day, y	vear):							
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnand	cy termination		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
26		Yes No	05/17/20				_	ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber of spontaneou	2			Number of ind		nations			
Other Termination	.5.		ation. If more than six (6	1 4/2000		Trainiber of file		0			
1	2		3			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					ne Perforation					
						— п	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products		
							☐ Other (Specify)				
Pathological examin	ation	If yes, results:					Juici (Spec	Lijy)			
performed?		SAC & CHORIO	NIC VII I I								
■ Yes □	No	SAC & CHORIO	NIC VILLI			Did this termination of pregnancy result in a maternal death?					
		•				•					
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional F							minated P	regnancy			
☐ Medical (Nonsu	ırgical)	Mifenristone			☐ Medical	(Nonsurgical) M	/lifepristor	ie.			
Medical (Nonsu	ırgical)	Misoprostol				(Nonsurgical) M	1isoprosto	1			
i Wedicai (Nonst	iigicai)	Other (specify)			Medicai	☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgion Medical (Surgio		tion Curettage strual Aspiration				(Surgical) Sucti (Surgical) Mens					
Medical (Surgio						(Surgical) Other					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgical) proced	lures, answ	ver the following que	stion.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	rive?			us given the best Yes \( \square\) No	opportuni	ty to survive?			
		amaination that the ma	rooment weemen had a corr	dition	_	_	mination t	hat the mucament was	aan had a aanditian		
that required the pr			regnant woman had a cor ious impairment to the pr		that require			hat the pregnant won ath or serious impairs			
woman?					woman?						
			,		•						
Date last normal me	_	an 18/2018	Physicis	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the <b>5</b>	fetus (in weeks)		
How were the gestat			on age determined?		<u>-</u>						
SONOGRAM											
Full name of physici	_	rming termination									
		ning termination (num	mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222								
distrib		10D d									
_			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/11/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnan	cy termination		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
23		Yes No	05/17/20			Н	_	ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0			Number of ind		nations			
Other Termination	15.		ation. If more than six (6	1 41.000		Number of ma		1			
02/03/2012	IS ( <i>Do no</i>		ation. If more than six (0			5		6			
Fetus delivered alive		If yes, length of ti				y Termination					
☐ Yes ■	No				■ None ☐ Uterine Perforation						
Fetus viable?		If viable medical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes •	No	ii viaoie, iliedicai	reason for termination.			_ I	nfection	Retain	ned Products		
							☐ Other (Specify)				
Pathological examin	ation	If yes, results:									
performed?  • Yes	No	SAC & CHORIO	NIC VILLI			Did this termination of pregnancy result in a maternal death?					
						☐ Yes					
			Туре	res							
Procedure that Term	inated P	regnancy		Additional Pr	ocedure that Ter	minated P	regnancy				
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) M					
Medical (Nonst					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio						(Surgical) Sucti					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	Surgical) proced	lures, answ	ver the following que	 stion.		
	_		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [		F	-8			Yes No	- F				
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	ive?			us given the best Yes \(\sime\) No	opportuni	ty to survive?			
		t et allea		11.1	_	_		1 1	1 1 10		
that required the pr			regnant woman had a cortious impairment to the property		that require			hat the pregnant won ath or serious impair			
woman?					woman?						
D. I.	,			.•	C	7 1	I 50 - 2		C ( )		
Date last normal me	_	an 16/2018	Physicis	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the <b>7</b>	ietus (in weeks)		
How were the gestat	tional ag	e and post fertilization	on age determined?				1				
SONOGRAM											
Full name of physic	ian perfo	rming termination									
KATHLEEN GLO	VER										
Address of physician 3607 WEST 16TH	•		mber and street, city, sta . IN 46222	te, and zip	code)						
		.,	,								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/11/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222	City or town, of pr	regnancy termi DIANAPOLIS		County of pregnancy termination MARION				
Patient's age**  Married  25  Married  Yes  No  Date of pregnancy termin  05/17/2018		ducation		Unknown				
	or African Americ			anic or Latino				
Native Hawaiian or Other Pacific Islander		Unkr	now deceased	Hispanic or Latino Unknown  0				
Other Terminations: Number of spontaneous terminations		Number	of induced term					
Dates of terminations (Do not include this termination. If more than six (6),				•				
Fetus delivered alive?  2	4			cation(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:			Uterine Perforation					
		None ☐ Uterin ☐ Hemorrhage ☐ Cervic						
Fetus viable?  If viable, medical reason for termination:		☐ Infection ☐ Retained Pr						
			☐ Other (Spe	_				
Pathological examination				- 337				
performed?  Performed?  SAC & CHORIONIC VILLI		Did this termination of pregnancy result in a maternal dea						
			Yes N					
	of Termination Pro							
Procedure that Terminated Pregnancy			hat Terminated P	•				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol	☐ Me	dical (Nonsurg	ical) Mifepristorical) Misoprosto	ıl				
Medical (Nonsurgical) Other (Specify)	☐ Me	Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration	☐ Me	dical (Surgical)	<ul><li>Suction Curetta</li><li>Menstrual Asp</li></ul>	iration				
Medical (Surgical) Other (Specify)	☐ Me	dical (Surgical)	Other (Specify)					
For Medical (Surgical) procedures, answer the following question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following question	s. If the pro	evious question	was answered y	res, complete the following questions.				
Was the fetus given the best opportunity to survive?			he best opportun	ity to survive?				
☐ Yes ☐ No		☐ Yes ☐						
What was the basis for determination that the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that required the procedure to avert death or serious impairment to the pregnant woman had a cond that the pregn				that the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	woman	1?						
Date last normal menses began Physician	estimate of gestat	on (in weeks)	Post f	ertilization age of the fetus (in weeks)				
04/05/2018	estimate of gestat	on (in weeks)	rost I	6				
How were the gestational age and post fertilization age determined?  SONOGRAM								
Full name of physician performing termination								
KATHLEEN GLOVER Address of physician performing termination (number and street, city, state,	, and zip code)							
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	- r /							
**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
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	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					own, of pregna	ancy term			County of pregnancy termination  MARION
						INDIAI	ANI OLI			MINION
Patient's age** 32	Marrie [	ed Yes • No	Date of pregn	ancy termin 05/17/2018		Educa	tion		Bach	elor's Degree
Race American Indian Native Hawaiian		-	Asian White	■ Black □ Other		n American	☐ Unk	known		y anic or Latino Hispanic or Latino ☐ Unknown
Live Births:	N	lumber now living	1				Numbe	er now d	eceased	0
Other Terminations	: N	lumber of spontaneou	s terminations				Numbe	er of ind	uced termi	nations 1
Dates of terminations 1. 2015		ot include this termina						5		6
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ed:					Compli	cation(s) of Pregnancy Termination
☐ Yes ■ N	lo						☐ Uterine Perforation			
Fetus viable?		If viable, medical r	saaan fan tama	ination			e Cervical Laceration			
Yes N	Го	ii viable, medicai i	eason for term	шаноп:				□ I	nfection	☐ Retained Products
									Other (Spec	cify)
Pathological examination										
performed?  Yes N	Jo	SAC & CHORION	NC VILLI					Did thi	torminati	on of pregnancy result in a maternal dea
							Yes			
				Туре	of Termin	ation Procedu	res			
Procedure that Termin	nated P	regnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy
Medical (Nonsur						☐ Medical	(Nonsur	gical) M	lifepriston	e
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									lisoprosto other (Spec	
Medical (Nonsangical) State (Specify)										
■ Medical (Surgica	al) Suc	tion Curettage				Medical	(Surgica	al) Sucti	on Curetta	ge
	al) Me	nstrual Aspiration				■ Medical	(Surgica	al) Mens	strual Aspi	
Medical (Surgica	ii) Otn	er ( <i>Specify</i> )				Medicai	(Surgica	ii) Otnei	r (Specify)	
For Medical (Surgical	l) proce	edures, answer the fol	lowing questio	n.		For Medical	(Surgical	l) proced	lures, answ	ver the following question.
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous question	on was	answered yes, comple	ete the following	ng question	ıs.	If the previou	is questic	on was a	nswered y	es, complete the following questions.
Was the fetus given ☐ Yes ☐		st opportunity to survi	ive?				us given Yes		opportuni	ty to survive?
What was the basis	for det	ermination that the pro	egnant woman	had a cond	lition	What was the	he basis	for deter	mination t	hat the pregnant woman had a condition
		to avert death or serie								ath or serious impairment to the pregnan
						0				
Date last normal men	ses beg	gan		Physician	n estimate	of gestation (i	in weeks	)	Post fe	ertilization age of the fetus (in weeks)
	04/	/09/2018		-		7				5
How were the gestation	onal ag	e and post fertilization	n age determin	ed?						
Full name of physicia	_	orming termination								
Address of physician		ning termination (num	nber and street	t. citv. state	and zip	code)				
3607 WEST 16TH S	-	-			,	<i>,</i>				
**Date Reported to										-
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
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	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222							City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination  MARION		
L							52	-		<u> </u>		•	
27	Marrie [	d Yes • No	Date of pregn	ancy termin 05/17/2018		Educa	tion	н		ol Diploma o	GED		
Race American Indian o Native Hawaiian o			Asian White	Black Other	or Africa	n American	☐ Un	known		y anic or Latino Hispanic or Lati	no	☐ Unknown	
Live Births:	N	umber now living	5				Numb	er now d		0			
Other Terminations:	N	umber of spontaneou	s terminations				Numb	er of ind	uced termi	nations 1			
Dates of terminations (			ution. If more th		those mo	st recent.)		5		6.			
Fetus delivered alive?		If yes, length of tir	ne fetus surviv	ed:					Compli	cation(s) of Preg	nancy Te	rmination	
Yes No	)							■ N	None	t	Jterine Pe	rforation	
Fetus viable?		If viable, medical i	reason for term	ination:				☐ F	Hemorrhag	ge 🗆 C	Cervical L	aceration	
Yes No	)	ir viacio, incarcari						□ I	nfection	☐ F	Retained F	Products	
									Other (Spe	cify)			
Pathological examination performed?	ion	If yes, results:											
Yes No	0	SAC & CHORION	NIC VILLI								result in	a maternal death?	
						☐ Yes ■ No							
				Type	of Termin	Permination Procedures							
**						Additional P		that To-	minated D	regnancy			
	Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								Aifepriston	•			
☐ Medical (Nonsurg	gical)	Misoprostol				Medical	(Nonsu	rgical) M	<b>Iisoprosto</b>	1			
Medical (Nonsurg	gical) (	Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical Medical (Surgical	) Mer	strual Aspiration				■ Medical	(Surgic	al) Mens	on Curetta strual Aspi				
Medical (Surgical	) Oth	er (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical)	) proce	dures, answer the fol	lowing questio	n.		For Medical	(Surgica	ıl) proced	lures, ansv	ver the following	g question		
Was the fetus viable ☐ Yes ■		e a post fertilization a	age at least 20	weeks?			us viabl Yes [		a post fer	tilization age at	least 20 w	veeks?	
If the previous question	n was	answered yes, comple	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered y	es, complete the	following	g questions.	
Was the fetus given t ☐ Yes ☐		t opportunity to survi	ive?				us giver Yes [		opportuni	ty to survive?			
What was the basis for										hat the pregnant			
that required the proc woman?	cedure	to avert death or seri	ous impairmen	it to the preg	gnant	that require woman?	d the pr	ocedure t	o avert de	ath or serious im	pairment	to the pregnant	
Date last normal mense	_			Physician	estimate	of gestation (	in weeks	s)	Post fe	ertilization age o		s (in weeks)	
How were the gestation		17/2018 e and post fertilization	n age determin	ed?		8					6		
SONOGRAM		-											
Γ <del></del>													
Full name of physician  KATHLEEN GLOVE		rming termination											
Address of physician p		-		t, city, state,	and zip	code)							
300. 11201 1011131		., OLIO,	10222										
**Date Reported to	DCS	if Patient under 1	6 (month, day,	year):						_			
DATE RECEIVED	ATE RECEIVED BY ISDH (month, day, year): 06/11/2018									_			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/11/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add CLINIC FOR WOMEN - 3607 V		TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222 City o	City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION						
Patient's age**	Married	i Yes • No		ancy termination	Educa		Some College, N	o Degree			
Race American Indian or Native Hawaiian or	r Alask	a Native	☐ Asian	Black or Afr	ican American	Unknown	Ethnicity Hispanic or La Not Hispanic o	tino			
Live Births:		imber now living	0			Number now d					
Other Terminations:	Νι	ımber of spontaneou				Number of ind	uced terminations				
Dates of terminations (	Do no	t include this termine	ation. If more t	han six (6), those	most recent.)		0				
1	2.		3		4	5		6			
Fetus delivered alive?  Yes No		If yes, length of tin	ne fetus surviv	ed:		1	Complication(s) of None	of Pregnancy Termination  Uterine Perforation			
						☐ Cervical Laceration					
Fetus viable?  Yes No		If viable, medical	reason for term	ination:			Hemorrhage nfection	Retained Products			
l les l No	,				Other (Specify)						
Pathological examination	on	If yes, results:									
performed?  Yes No	)	SAC & CHORIOI	NIC VILLI			Did this		gnancy result in a maternal death?			
Type of Termination Procedures											
Procedure that Tome:	ntad D.	agnangy		Type of Telli			minated Dragman				
Procedure that Termina		•					minated Pregnancy				
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)											
					.						
Medical (Surgical) Medical (Surgical) Medical (Surgical)	) Men	strual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical)	proced	lures, answer the fol	lowing questic	on.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable o  ☐ Yes ■		e a post fertilization	age at least 20	weeks?		tus viable or have Yes   No	a post fertilization a	age at least 20 weeks?			
If the previous question	ı was a	inswered yes, compl	ete the following	ng questions.	If the previo	us question was a	nswered yes, comple	ete the following questions.			
Was the fetus given tl ☐ Yes ☐		opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	opportunity to survi	ve?			
What was the basis for that required the procwoman?								egnant woman had a condition ous impairment to the pregnant			
Date last normal mense	es bega	ın		Physician estim	ate of gestation (	(in weeks)	Post fertilization	age of the fetus (in weeks)			
	03/2	23/2018			7	,		5			
How were the gestation SONOGRAM	nal age	and post fertilizatio	n age determin	ed?							
Full name of physician  KATHLEEN GLOVE	-	ming termination									
Address of physician po	erform	-		t, city, state, and z	ip code)						
SOUT WEST TOTALST	NEEI	, IIIDIANAFULIS	, 114 40222								
**Date Reported to	DCS,	if Patient under 1	6 (month, day,	year):							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to		ncy termination		County of pregnancy termination  MARION				
Patient's age**	Marrie	vd.	Date of pregnancy term	nination	Educat	tion						
22		Yes No	05/17/20					elor's Degree				
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		n American	Unknown Number now	Not 1	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	umber of spontaneou	3 us terminations			Number of ind		nations 0				
Other Termination	13.		ation. If more than six (6	those mo	st recent )			0				
1	2		3			5		6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No						None	☐ Uterir	ne Perforation			
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration							
☐ Yes ■	No				☐ Infection ☐ Retained Products							
							Other (Spec	cify)				
Pathological examin	nation	If yes, results:										
performed?  ■ Yes □	No	SAC, CHORION	IC VILLI, & FETAL PA	RTS		Did thi ☐ Ye			lt in a maternal death?			
			Туре	e of Termin	ation Procedur	res						
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy				
Medical (Nonsu						(Nonsurgical) N						
Medical (Nonsu						(Nonsurgical) (Nonsurgical) (						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical (Surgical) Suction Curettage							
Medical (Surgion Medical (Surgio		nstrual Aspiration er (Specify)				(Surgical) Men (Surgical) Othe		ration				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		re a post fertilization	age at least 20 weeks?			us viable or have Yes	e a post fer	tilization age at least	20 weeks?			
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	inswered y	es, complete the follo	owing questions.			
Was the fetus give		st opportunity to surv	ive?			us given the best Yes  No	opportuni	ty to survive?				
			regnant woman had a cortious impairment to the pr					hat the pregnant won ath or serious impair				
Date last normal me	nses hee	an	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
	03/	12/2018		Journale	10		1 031 10	8				
How were the gestate SONOGRAM	tional ag	e and post fertilization	n age determined?									
C= 4												
Full name of physics  KATHLEEN GLO	_	rming termination										
	n perforr		mber and street, city, star	te, and zip o	code)							
300. HEO1 101H	J. I.L.	., III JAITAI OLIO	,									
		100										
_			6 (month, day, year):					_				
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/11/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	City or to	own, of pregna	-		County of pregnancy termination  MARION				
Dationt's **	T _		Data of	aimati	l p i	tion						
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>05/17/20</b>		Educa	tion	High Scho	ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	or Othe		☐ Asian ☐ Blac ☐ White ☐ Other		n American			y anic or Latino Hispanic or Latino				
Other Termination	s: N	umber of spontaneou				Numb	er of induced termi	-				
Dates of termination	is (Do no	t include this termin	ation. If more than six (6	), those mo	st recent.)			U				
1	2	I	3	4	·		5	cation(s) of Pregnancy Termination				
Fetus delivered alive		If yes, length of ti	me fetus survived:				_					
							None	Uterine Perforation				
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag	_				
Yes •	No						☐ Infection	☐ Retained Products				
							Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	SAC & CHORIO	NIC VILLI				Did this terminati	on of pregnancy result in a maternal death?				
								U				
			Туре	e of Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy				
☐ Medical (Nonsu							rgical) Mifepriston					
Medical (Nonsu  Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec					
Medical (Surgional Control Contro	cal) Suci	tion Curettage			Medical (Surgical) Suction Curettage							
	cal) Mer	strual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration				
iviedicai (Surgio	cai) Oui	ы (эресцу)			Wiedicai	(Surgic	ai) Ouiei (specify)					
For Medical (Surgic			• •		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab  ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viabl Yes [		tilization age at least 20 weeks?				
If the previous quest	ion was	answered yes, comp	lete the following question	ons.	If the previou	ıs questi	ion was answered y	es, complete the following questions.				
Was the fetus give	n the bes	st opportunity to surv	rive?		Was the fet	us given	n the best opportuni	ty to survive?				
☐ Yes [		11 7				Yes [						
			regnant woman had a cor ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	occuure	to avert death of ser	rous impuniment to the pr	regnant	woman?	a the pr	occurre to avert det	an or serious impurment to the pregnant				
Date last normal me			Physicis	an estimate	of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)				
How were the gestat		01/2018 e and post fertilization	on age determined?		7			5				
SONOGRAM												
Full name of physici	_	rming termination										
		ning termination (nu	mber and street, city, sta	te, and zip	code)							
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222									
**D D	t- DCC	:f.D-4:										
•			6 (month, day, year):					_				
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/11/2018					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnancy termination  MARION					
Patient's age**	Marrie	od I	Date of pregnancy term	nination	Educat	tion							
27		Yes No	05/17/20					ool Diploma or GE	D				
Race American Indian Native Hawaiian	or Othe		☐ Asian ■ Blac ☐ White ☐ Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:			3			Number of ind		0					
Other Termination	15.	umber of spontaneou	1	\ #		runiber of ma	ucea terrin	0					
Dates of termination	is (Do no		ation. If more than six (6			5.		6.					
Fetus delivered alive	e?	If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination				
☐ Yes ■	No					1	None	☐ Uterin	ne Perforation				
					☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable?	No	If viable, medical	reason for termination:				nfection	☐ Retair	ned Products				
	1.0							_	Todaets				
Pathological examin	ation	If yes, results:			Other (Specify)								
performed?			\u0.\m\.										
■ Yes □	No	SAC & CHORIO	NIC VILLI	Did this termination of pregnancy result in a maternal dea									
			Туре	of Termin	nation Procedur	res							
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy					
☐ Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsurgical) N	//////////////////////////////////////	ne					
☐ Medical (Nonsu ☐ Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C							
	argreat)	other (specify)				(1 toniburgious)	outer (Spec	-957					
	1) 0												
	cal) Mei	nstrual Aspiration				(Surgical) Mens	strual Aspi	ration					
Medical (Surgio	cal) Oth	er (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?			us viable or have Yes   No	a post fer	tilization age at least	20 weeks?				
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.				
Was the fetus give		st opportunity to surv	ive?			us given the best Yes  \text{No}	opportuni	ty to survive?					
	_	armination that the n	rognant woman had a cor	dition	_	_	mination t	hat the pregnant won	een had a condition				
that required the pr			regnant woman had a cor ious impairment to the pr		that required			hat the pregnant won ath or serious impairs					
woman?					woman?								
Date last normal me	_	an <b>04/2018</b>	Physicia	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the <b>5</b>	fetus (in weeks)				
How were the gestat			on age determined?		<u>-</u>								
SONOGRAM													
Full name of physics  KATHLEEN GLO	_	rming termination											
		ning termination (num	mber and street, city, stat	te, and zip	code)								
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222										
	_												
-			6 (month, day, year):					_					
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/11/2018					_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 10	6TH STREET SUITE B2, INDIAN	IAPOLIS, IN 46222	City or to	y or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
	d Dat	e of pregnancy termi 05/17/201		Educa	tion			ege, No Degree			
Race American Indian or Alasi Native Hawaiian or Othe	_	=		n American		known er now d	Not Hi	ic or Latino spanic or Latino	☐ Unknown		
Live Births:	umber of spontaneous terr	0 minations					uced termina	0 ntions			
Other Terminations:  Dates of terminations (Do no	•	0	those mo	et recent )	- T VIIIIO	or or ma	acca termina	0			
1 2.		3	, inose mos 4.			5		6			
Fetus delivered alive?	If yes, length of time fe	tus survived:					Complica	tion(s) of Pregnanc	y Termination		
☐ Yes ■ No						■ N	None	☐ Uterii	ne Perforation		
E-t	If .:	- Ct				□ F	Hemorrhage	☐ Cervi	cal Laceration		
Fetus viable?  Yes No	If viable, medical reaso	n for termination:				☐ I	nfection	☐ Retain	ned Products		
						ПО	Other (Specif	v)			
Pathological examination	If yes, results:					_	(1)	· /			
performed?  Yes No	SAC, CHORIONIC VI	III.& FFTAL PAI	RTS			D:141		<u> </u>	11 10		
i ies i No	OAO, GHORIONIO VI				☐ Yes		of pregnancy resu	It in a maternal death?			
		Туре	of Termina	ation Procedur	es						
Procedure that Terminated Pr	regnancy			Additional Pr	ocedure	that Ten	minated Pre	gnancy			
☐ Medical (Nonsurgical)	Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone				
Medical (Nonsurgical) Medical (Nonsurgical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	Iisoprostol	(v)			
i Wedicai (Nonsuigicai)	Other ( <i>specify</i> )			☐ Medical (Nonsurgical) Other (Specify)							
	<del> </del>										
<ul><li>Medical (Surgical) Suct</li><li>Medical (Surgical) Men</li></ul>				Medical	(Surgica	al) Mens	on Curettage strual Aspira	e tion			
Medical (Surgical) Other	er (Specify)			☐ Medical	(Surgica	al) Other	(Specify)				
For Medical (Surgical) proce	dures, answer the following	ng question.		For Medical (	Surgica	l) proced	ures, answer	the following que	stion.		
Was the fetus viable or have ☐ Yes ■ No	e a post fertilization age a	t least 20 weeks?			us viable Yes		a post fertil	ization age at least	20 weeks?		
If the previous question was	answered yes, complete th	ne following question	ns.	If the previou	s questi	on was a	nswered yes	, complete the follo	owing questions.		
Was the fetus given the bes  ☐ Yes ☐ No	t opportunity to survive?			Was the fet	ıs given Yes □		opportunity	to survive?			
What was the basis for dete									nan had a condition		
that required the procedure woman?	to avert death or serious i	mpairment to the pre	egnant	that require woman?	d the pro	ocedure t	o avert death	n or serious impair	ment to the pregnant		
Date last normal menses bega	an	Physicia	n estimate	of gestation (i	n weeks	:)	Post fert	ilization age of the	fetus (in weeks)		
02/2	28/2018			10				8			
How were the gestational age SONOGRAM	e and post fertilization age	e determined?									
- CONTROLL OF THE PARTY OF THE											
Full name of physician performance	rming termination										
KATHLEEN GLOVER Address of physician perform	ning termination (number	and street eits state	e and sin	rode)							
3607 WEST 16TH STREET	•		с, ана дір С	oue)							
**Date Reported to DCS.	, if Patient under 16 (m										
DATE RECEIVED BY I	ISDH (month, day, year)	:									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	ddress 7 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnancy termination MARION				
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion						
20		Yes No	05/17/20					th, No Diploma				
Race American Indian Native Hawaiian	or Othe		Asian Blace White Other		an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	umber of spontaneou	1 s terminations			Number of ind		nations 0				
Other Termination	5.	•	1 ation. If more than six (6	i) those m	ost recent )			1				
1. 09/21/2017			3			5		6				
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No					<b>•</b> 1	None	☐ Uterii	ne Perforation			
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration							
Yes •	No	in vincin, interior				I	nfection	☐ Retain	ned Products			
					☐ Other (Specify)							
Pathological examin	ation	If yes, results:										
performed?  • Yes	No	SAC & CHORIOI	NIC VILLI			Did thi			lt in a maternal death?			
			Туро	e of Termi	nation Procedur	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy				
Medical (Nonsu						(Nonsurgical) N						
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical (Surgical) Suction Curettage							
	cal) Mei	strual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
- W 1: 1/G :	1)	1 (1 (1			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical Was the fetus viable)	_		age at least 20 weeks?					tilization age at least				
Yes [	_	angwarad yag aamni	ete the following question	o <b>n</b> a	_	Yes No	naviored vi	es, complete the follo	aving questions			
		answered yes, complete opportunity to surv	0 1	ons.	1	us given the best	•	•	owing questions.			
☐ Yes [	☐ No				_ Y	Yes No						
			egnant woman had a corous impairment to the p					hat the pregnant won ath or serious impair				
Date last normal me	nses beg	an	Physici	an estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How recent		3/2018			8			6				
How were the gestat	лопат ад	e and post fertilizatio	n age determined?									
Full name of physici KATHLEEN GLO	_	rming termination										
Address of physician 3607 WEST 16TH	-		nber and street, city, sta	te, and zip	code)							
**Date Reported	to DCS	if Patient under 1	6 (month, day, year): _									
DATE RECEIVE								_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address 07 WEST 16TH STREET SUITE B2,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION				
							I .			
Patient's age**	Married	Date of pregnancy term		Educa	tion		allana Na Dager-			
19 Race	☐ Yes ■ No	05/17/20	18			Some C	ollege, No Degree			
American Indian				n American		☐ Hisp	panic or Latino			
Live Births:	n or Other Pacific Islander Number now living	■ White ☐ Othe	er			known Not ber now deceased	Hispanic or Latino Unknown			
Other Termination	Number of spontaneo	us terminations			Numb	er of induced term	inations			
	ss:   respectively	4	those mo	ost recent )			0			
1. 2018		3. 2017		2017		5	6			
Fetus delivered alive	, ,	me fetus survived:				Compl	cation(s) of Pregnancy Termination			
☐ Yes ■	No					None	☐ Uterine Perforation			
						☐ Hemorrha	ge Cervical Laceration			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products			
						_				
Pathological examin	nation If yes, results:					Other (Spe	ecify)			
performed?										
■ Yes □	No SAC, CHORION	IC VILLI, & FETAL PA	RTS			Did this terminat  ☐ Yes ■ N	ion of pregnancy result in a maternal death?			
					I					
		Туре	e of Termin	ation Procedu	res_					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated I	Pregnancy			
	• •						•			
	argical) Mifepristone argical) Misoprostol			☐ Medical	(Nonsu	rgical) Mifepristo rgical) Misoprosto	ol			
Medical (Nonsu	argical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spe	cify)			
	cal) Suction Curettage cal) Menstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						
	cal) Other (Specify)			Medical	(Surgic	al) Other (Specify	)			
For Medical (Surgic	al) procedures, answer the fo	allowing question.		For Medical	Surgica	ıl) procedures, ans	wer the following question.			
	le or have a post fertilization			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [		age at least 20 weeks?			Yes [		unization age at least 20 weeks:			
If the previous quest	tion was answered yes, comp	elete the following question	ons.	If the previou	ıs questi	on was answered	ves, complete the following questions.			
Was the fetus given ☐ Yes ☐	n the best opportunity to sur	vive?			us given Yes [	the best opportun	ity to survive?			
	_		. 4141	_	_	_	ale a de la companya			
that required the pr	s for determination that the procedure to avert death or ser						that the pregnant woman had a condition eath or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	•	Physicia	an estimate	of gestation (i	in weeks	Post f	ertilization age of the fetus (in weeks)			
How were the gestat	02/14/2018  tional age and post fertilization	on age determined?		10			8			
SONOGRAM	1	<u> </u>								
	ian performing termination									
Address of physician	VER n performing termination (nu	unhan and streat sity sta	to and sin	anda)						
	STREET, INDIANAPOLIS	•	ıe, ана zıp	coue)						
**Date Reported	to DCS, if Patient under	16 (month day year):								
_	ED BY ISDH (month, day						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		S 1 16TH STREET SUITE B2, II	46222	City or town, of pregnancy termination  INDIANAPOLIS				County of pregnancy termination  MARION				
						MUIA	1AI UL			IVIANIUN		
Patient's age** 32	Mar	ied □ Yes ■ No	Date of pregn	nancy termi 05/17/201		Educa	tion			elor's Degree		
Race American Indian Native Hawaiian			Asian White	■ Black		nn American	 ☐ Un	known		nnic or Latino Hispanic or Latino	nown	
Live Births:		Number now living	1					er now d		0		
Other Terminations	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termi	nations 1		
Dates of terminations	s (Do	not include this termino 2. UNKNOWN	ution. If more th		those mo	st recent.)		5		6		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ed:					Compli	cation(s) of Pregnancy Termination	on	
☐ Yes ■ 1	NO							■ N	None	☐ Uterine Perforation	n	
Fetus viable?		If viable, medical i	reason for term	nination:				☐ I	Hemorrhag	e Cervical Laceration	n	
☐ Yes ■ 1	No	,						☐ I	nfection	☐ Retained Products		
									Other (Spe	cify)		
Pathological examina performed?	ation	If yes, results:										
Yes •	No									on of pregnancy result in a mater	nal death?	
						☐ Yes ■ No						
	Type of						res					
Procedure that Terminated Pregnancy						Additional Pr	rocedure	that Ter	minated P	regnancy		
Medical (Nonsu						☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	e		
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>		) Misoprostol ) Other (Specify)							Aisoprosto Other (Spec			
								,				
Medical (Surgic	al) S	action Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge		
	al) M	enstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspi			
Wiedlear (Sargie	ui) O	mer (speegy)				Medical (Surgical) Other (Specify)						
For Medical (Survice	al) nro	cedures, answer the fol	lowing anestic	on.		For Medical	(Surgice	ıl) proced	lures, answ	er the following question.		
		ave a post fertilization	• 1					, 1		ilization age at least 20 weeks?		
Yes [			J 29				Yes [			g:		
If the previous questi	ion wa	as answered yes, compl	ete the following	ng question	ıs.	If the previou	ıs questi	ion was a	nswered y	es, complete the following questi	ons.	
Was the fetus giver ☐ Yes ☐		est opportunity to surv	ive?				us giver Yes [		opportuni	ey to survive?		
		etermination that the pr								hat the pregnant woman had a co		
		re to avert death or seri								ath or serious impairment to the p		
Date last normal mer		-		Physician	n estimate	of gestation (	in weeks	s)	Post fe	rtilization age of the fetus (in we	eks)	
How were the gestati		3/27/2018  Age and post fertilization	n age determin	led?		7				5		
SONOGRAM												
Full name of physicial KATHLEEN GLOV		forming termination										
	-	rming termination (nun		t, city, state	e, and zip	code)						
SOUT WEST TOTAL	OIKE	LI, INDIANAFULIS,	114 70222									
**Date Reported t	to DC	S, if Patient under 1	6 (month, day,	, year):						-		
DATE RECEIVE	ATE RECEIVED BY ISDH (month, day, year): 06/11/2018									_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN	City or to	own, of pregna	ncy terminatio	n	County of pregnancy termination MARION				
Patient's age** Married Date of pregna	ancy termination	Educa	tion						
	05/17/2018				llege, No Degree				
Race American Indian or Alaska Native Asian	■ Black or Africa	an American	_		nic or Latino	_			
☐ Native Hawaiian or Other Pacific Islander       ☐ White         Live Births:       Number now living	Other		Unknown Number now		ispanic or Latino	Unknown			
Other Terminations: Number of spontaneous terminations			Number of in	nduced termin	ations				
Dates of terminations (Do not include this termination. If more the	han six (6), those mo	ost recent.)			0				
l	4	ı	5.		6				
Fetus delivered alive?  If yes, length of time fetus survivo  Yes No	ed:			Complica	ation(s) of Pregnancy	Termination			
				None	☐ Uterine	e Perforation			
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	☐ Cervic	al Laceration			
☐ Yes ■ No				Infection	☐ Retain	ed Products			
				Other (Special	ify)				
Pathological examination performed?  If yes, results:									
☐ Yes ■ No		Did this termination of pregnancy result in a materna ☐ Yes ■ No							
<u> </u>				es 🖪 No					
	Type of Termin	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that T	erminated Pre	egnancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical)		:				
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		fy)				
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Su	ction Curettag	ge				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Medical	(Surgical) Me (Surgical) Otl	nstrual Aspir	ation				
For Medical (Surgical) procedures, answer the following questio	<u> </u>	For Medical (	Surgical) proc	edures answe	er the following ques	tion			
Was the fetus viable or have a post fertilization age at least 20 v		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes No	weeks.		res No	ve a post tern	nzation age at least 2	WCCKS.			
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	s, complete the follow	wing questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the be	est opportunity	y to survive?				
	1 1 12	_	_			1 1 12			
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen		that require			at the pregnant wom: th or serious impairm				
woman?		woman?							
Data last normal manage hazan	Dhysician actions	of coststi	n weeks)	Dogt f.	tilization and of the C	Catus (in weeks)			
Date last normal menses began 03/27/2018	Physician estimate	or gestation ( <i>i</i>	n weeks)	Post ier	tilization age of the f  5	cius (in weeks)			
How were the gestational age and post fertilization age determine	ed?			·					
SONOGRAM									
Full name of physician performing termination									
KATHLEEN GLOVER									
Address of physician performing termination (number and street 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	, city, state, and zip	code)							
· · · · · ·									
**Date Reported to DCS, if Patient under 16 (month, day,	•								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2	2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	ess ) - 8590 GEORGETOWN ROAD, I	NDIANAPOLIS, IN, 46268	City or town	, of pregna	County of pregna	ancy termination				
	arrica	Date of pregnancy termin		Educa	tion		Same 2	llana Na Da		
Race	Yes No	05/22/2018		<u> </u>			Ethnicity		ee	
☐ American Indian or A☐ Native Hawaiian or C☐	Other Pacific Islander	Asian Black White Other	or African A	merican		known	☐ Not H	nic or Latino lispanic or Latino	■ Unknown	
Live Births:	Number now living	4				per now de		0		
Other Terminations:	Number of spontaneous	0			Numb	per of indu	iced termin	ations 0		
Dates of terminations (D	o not include this terminati	on. If more than six (6),	those most re	ecent.)		5		6		
Fetus delivered alive?	If yes, length of time	e fetus survived:					Complica	ation(s) of Pregna	ncy Termination	
☐ Yes ■ No						■ N	Vone	☐ Ute	rine Perforation	
7	70					☐ H	Iemorrhage	e 🔲 Cer	vical Laceration	
Fetus viable?  ☐ Yes ■ No	If viable, medical rea	ason for termination:				☐ Iı	nfection	☐ Ret	ained Products	
							Other (Spec	ify)		
Pathological examination	If yes, results:							•		
performed? ☐ Yes ■ No						Did this	terminatio	n of pregnancy re	sult in a maternal death?	
1cs 10			Did this termination of pregnancy result in  ☐ Yes ■ No							
								-		
		Type o	of Terminatio	n Procedui	es					
Procedure that Terminate	ed Pregnancy		Ad	ditional Pr	ocedure	e that Terr	minated Pro	egnancy		
Medical (Nonsurgic							lifepristone	;		
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic							Iisoprostol ther ( <i>Speci</i>	fy)		
Medical (Surgical)	Suction Curettage		_	Medical	(Surgic	al) Suction	on Curettag	ge		
	Menstrual Aspiration			Medical	(Surgic	al) Mens	trual Aspir			
	(~ <u>F</u> 35)			Medical (Surgical) Other (Specify)						
For Medical (Surgical) n	rocedures, answer the follo	wing question		· Medical (	Surgice	al) proced	urae anewe	ar the following a	uestion	
				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes I N	have a post fertilization ag Vo	e at least 20 weeks?	v		res [		a post teru	nzation age at lea	st 20 weeks?	
If the previous question v	was answered yes, complet	e the following question	s. If t	he previou	s questi	ion was ar	nswered ye	s, complete the fo	llowing questions.	
Was the fetus given the	best opportunity to surviv	e?	v	Vas the fett	us giver	n the best	opportunity	y to survive?		
☐ Yes ☐ N	Го			<u> </u>	Yes [	No				
	determination that the preg lure to avert death or seriou								oman had a condition irment to the pregnant	
woman?		io impaniment to the pres	-	oman?	a are pr		o avere deal	ar or sorrous impu	innent to the pregnant	
Date last normal menses	began 03/05/2018	Physician	estimate of g	gestation (i	n weeks	s)	Post fer	tilization age of tl	ne fetus (in weeks)	
	l age and post fertilization	age determined?		10					,	
ULTRASOUND										
Full name of physician p DR. CAITLIN BERNAR	-									
Address of physician per	forming termination (numb	per and street, city, state,	and zip code	?)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS	, IN 46268								
**Data Damant-14- D	CS if Dationt well-16	(month day								
	CS, if Patient under 16									
DATE RECEIVED I	BY ISDH (month, day, ye	ar):						-		

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/11/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad- PPIN-GEORGETOWN OR (PI			, INDIANAPOLIS, IN, 46268	City or	City or town, of pregnancy termination Coun INDIANAPOLIS					egnancy MAR	termination
Patient's age**	Marı	ied □ Yes ■ No	Date of pregnancy term <b>05/29/20</b>		Educa	tion		Some Col	lege, No De	egree	
Race American Indian o		aska Native		ck or Afric	can American	☐ Un	known	Ethnicity  Hispan	ic or Latino spanic or La		Unknown
Live Births:		Number now living	0			Numb	er now d		0		
Other Terminations:	;	Number of spontaneou	s terminations			Numb	er of ind	uced termin	ations 0		
Dates of terminations	(Do	not include this termina	tion. If more than six (6	6), those m	nost recent.)						
1		1	3		4		5	- I'			
Fetus delivered alive?  Yes No.		If yes, length of tir	ne fetus survived:				-	•	uon(s) oi Pro	•	Termination
							• N	None	Ц	Uterine	Perforation
Fetus viable?		If viable, medical i	eason for termination:				☐ F	Hemorrhage		Cervica	1 Laceration
☐ Yes ■ No	0						☐ I	nfection		Retaine	d Products
								Other (Speci	fy)		
Pathological examinat	ion	If yes, results:									
performed? ☐ Yes ■ N	О						Did this		of pregnanc	cy result	in a maternal death
			Туро	e of Termi	ination Procedur	es					
Procedure that Termin	nated	Pregnancy			Additional Pr	ocedure	e that Ter	minated Pre	gnancy		
Medical (Nonsurg	gical	) Mifepristone			☐ Medical	(Nonsu	rgical) M	//ifepristone			
Medical (Nonsurg	gical	) Misoprostol				(Nonsu	rgical) N	/lisoprostol	;.)		
Wiedicai (Nonsuig	gicai	Other (specify)			Medical (Nonsurgical) Other (Specify)						
☐ Medical (Surgical Medical (Surgical		enstrual Aspiration						on Curettag strual Aspira			
Medical (Surgical								r (Specify)			
For Medical (Surgical)	) pro	cedures, answer the fol	lowing question.		For Medical (	Surgica	ıl) proced	lures, answe	r the following	ng questi	ion.
		ave a post fertilization a	age at least 20 weeks?					a post ferti	ization age a	t least 20	) weeks?
Yes If the previous questio			ete the following question	ons.		res [ s questi	_	nswered yes	, complete th	ne follow	ving questions.
Was the fetus given	the b	est opportunity to survi			Was the fett	•	n the best	•	•		
Yes What was the basis f		stomologica de ed	amont was 1 1					i	at the	m t v	n had a 3'''
			egnant woman had a cor ous impairment to the p								n had a condition ent to the pregnant
Date last normal mens	ses be	egan	Physici	an estima	te of gestation (i	n weeks	s)	Post fer	ilization age	of the fe	etus (in weeks)
	0	3/25/2018			10					8	. ,
How were the gestatio	onal a	ge and post fertilization	n age determined?								
Full name of physician											
DR. CAITLIN BERNA					I-V						
Address of physician p 8590 GEORGETOW		-	nber and street, city, sta <b>S, IN 46268</b>	ae, and zij	o coae)						
**Date Reported to	DC	S, if Patient under 1	6 (month, day, year): _								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to		ncy termination		County of pregnancy termination  MARION			
Patient's age** Married Date of pregna	ncy termination	Educat	tion			1		
	5/29/2018	Edded	non	Bache	lor's Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	an American	Unknown		nic or Latino	Unknown		
Live Births: Number now living			Number now		0			
Other Terminations: Number of spontaneous terminations			Number of inc	duced termina	ations			
Dates of terminations (Do not include this termination. If more the 1. 02/14/2018 2. 3.	an six (6), those mo	ost recent.)	5		6			
Fetus delivered alive? If yes, length of time fetus survive	d:			Complica	tion(s) of Pregnancy	Termination		
☐ Yes ■ No			■	None	☐ Uterine	e Perforation		
Fetus viable? If viable, medical reason for termin	nation			Hemorrhage	☐ Cervic	al Laceration		
Yes No	nation.			Infection	☐ Retain	ed Products		
	Other (Specij	fy)						
Pathological examination								
performed?  Yes No Did this termination of pregnancy result in a maternal death								
					i or pregnancy result	. m a maternar ucaur?		
	Type of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	rminated Pre	gnancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical)					
<ul><li>Medical (Nonsurgical) Misoprostol</li><li>Medical (Nonsurgical) Other (Specify)</li></ul>			(Nonsurgical) (Nonsurgical)		v)			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage								
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Men	strual Aspira	ition			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Othe	er (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question	l.	For Medical (	(Surgical) proce	dures, answe	r the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ☐ No	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	g questions.	If the previou	s question was	answered yes	, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the bes Yes \(\sime\) No	t opportunity	to survive?			
What was the basis for determination that the pregnant woman h					at the pregnant wom			
that required the procedure to avert death or serious impairment woman?	to the pregnant	that required woman?	d the procedure	to avert deat	h or serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fert	ilization age of the f	etus (in weeks)		
UNKNOWN		9			7	ŕ		
How were the gestational age and post fertilization age determine ULTRASOUND	d?							
Full name of physician performing termination  DR. CAITLIN BERNARD								
Address of physician performing termination (number and street,	city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, )	vear):							
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, II	N 46222 City or	town, of pregna	ncy termination	Cor	County of pregnancy termination  MARION				
Patient's age**  38  Married Yes No  Date of preg	nancy termination 05/17/2018	Educa		igh School D	iploma or GED				
☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Number now living	Black or Afric	can American	Unknown Number now de	☐ Hispanic o ■ Not Hispa		Unknown			
Number of anontoneous termination			Number of indu	iced terminatio	O ons				
Other Terminations: Outlinear of spontaneous termination of Spontaneous termination of Spontaneous termination. If more		act recent			3				
	(NOWN	4	5		6				
Fetus delivered alive? If yes, length of time fetus survi	ved:			Complication	n(s) of Pregnancy	Termination			
☐ Yes ■ No			■ N	Vone	☐ Uterine	Perforation			
Fetus viable? If viable, medical reason for teri	mination		l	Iemorrhage	☐ Cervica	l Laceration			
Yes No	mmauon:		□ I	nfection	☐ Retaine	d Products			
				Other (Specify)					
Pathological examination									
performed?    Yes   No   Did this termination of pregnancy result in a maternal deal									
Yes ■ No  Did this termination of pregnancy result in a materr  Yes ■ No						in a maternal death?			
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pregna	nncy				
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical) M	Iifepristone					
<ul><li>Medical (Nonsurgical) Misoprostol</li><li>Medical (Nonsurgical) Other (Specify)</li></ul>			(Nonsurgical) M (Nonsurgical) O						
Medical (Nonsulgical) Guici (specify)									
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage									
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Mens	trual Aspiration	n				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) procedures, answer the following questi	ion.	For Medical (	Surgical) proced	ures, answer th	e following questi	on.			
Was the fetus viable or have a post fertilization age at least 20	) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the follow	ing questions.	If the previou	s question was a	nswered yes, co	omplete the follow	ring questions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best	opportunity to	survive?				
What was the basis for determination that the pregnant woma	n had a condition	What was th	ne basis for deter	mination that th	ne pregnant woma	n had a condition			
that required the procedure to avert death or serious impairme woman?						ent to the pregnant			
woman:		woman:							
Data last normal manage basen	Physician estimat	to of gostation (	n waaks)	Doct fout:1:-	ration ago of the f-	tus (in weeks)			
Date last normal menses began 04/16/2018	rnysician estima	te of gestation ( <i>i</i>	n weeks)	rost termiz	ation age of the fe	aus (in weeks)			
How were the gestational age and post fertilization age determine	ned?								
SONOGRAM									
Full name of physician performing termination									
KATHLEEN GLOVER									
Address of physician performing termination (number and stre	et, city, state, and zip	o code)							
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222									
**Date Reported to DCS, if Patient under 16 (month, da	y, year):								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or to					town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARIO					•	
Patient's age** Ms	arried ☐ Yes ■ No	Date of pregnar	ncy termin		Educa	tion	Do	octorate/P	rofessional Degr	ee	
Race American Indian or A		_	=	or African A	merican	_			nic or Latino	_	
Native Hawaiian or C	Other Pacific Islander  Number now living		Other				known er now d		Hispanic or Latino	Unknown	
Other Terminations:	Number of spontan	eous terminations				Numb	per of indu	aced termin	nations 1		
Dates of terminations (D		•							I		
1. UNKNOWN Fetus delivered alive?		f time fetus survived		4			5	Complic	ation(s) of Pregnanc	y Termination	
Yes No	in yes, rengan s	Tunio Total garvivo	<b>u.</b>				■ N	None	☐ Uterir	ne Perforation	
T	70 : 11 1:	1 6					☐ F	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable?  Yes No	If viable, medi	cal reason for termin	nation:				☐ I	nfection	☐ Retain	ned Products	
								Other (Spec	ify)		
Pathological examination performed?	n If yes, results:										
Yes No										lt in a maternal death?	
☐ Yes ■ No											
			Type o	of Termination	n Procedu	res					
Procedure that Terminate			e that Teri	minated Pr	egnancy						
☐ Medical (Nonsurgic		Medical	(Nonsu	rgical) M	lifepristone	e					
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic					Medical Medical	(Nonsu (Nonsu	rgical) M rgical) O	lisoprostol ther (Speci	ify)		
■ Medical (Surgical) Suction Curettage											
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)							trual Aspir (Specify)	ration		
For Medical (Surgical) p	procedures, answer the	following question	ı <b>.</b>	 For	Medical	(Surgica	al) proced	ures, answ	er the following que	stion.	
Was the fetus viable or  ☐ Yes ■ N		on age at least 20 w	eeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question	was answered yes, co	nplete the following	g questions	s. If t	he previou	is quest	stion was answered yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N		urvive?		W		us givei Yes [		opportunit	y to survive?		
What was the basis for		e pregnant woman h	nad a condi	ition W				mination th	nat the pregnant won	nan had a condition	
that required the proceed woman?				gnant th						ment to the pregnant	
Date last normal menses	-		Physician	estimate of g		in week:	s)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestationa	03/08/2018 al age and post fertilization	ation age determined	d?		13				11		
ULTRASOUND		<u> </u>									
Eall and Colored											
Full name of physician p DR. CAITLIN BERNAF	-	1									
Address of physician per 8590 GEORGETOWN	-		city, state,	and zip code	?)						
**Date Reported to D	OCS, if Patient unde	er 16 (month, day, y	vear):								
DATE RECEIVED I									_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPG	cility Name and Address -GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268  City or town, of pregnancy termination INDIANAPOLIS  MARION								
Patient's age** M	arried		Date of pregnance	cy termination	Educa				
25 Race		Yes No	05/	29/2018			H	igh Scho Ethnicity	ol Diploma or GED
☐ American Indian or A☐ Native Hawaiian or G			Asian White	Black or Afri	can American	☐ Ur	ıknown	☐ Hispa	anic or Latino Hispanic or Latino
Live Births:	Nu	mber now living	2			Numl	ber now de		0
Other Terminations:	Nu	mber of spontaneous	terminations			Numl	ber of indu	uced termin	nations 0
Dates of terminations (D	Oo not	include this termina		six (6), those n	nost recent.)	I			
Fetus delivered alive?	_ 2	If yes, length of tim	e fetus survived:		4		5	Complic	cation(s) of Pregnancy Termination
Yes No		ir yes, lengur or tim	e retus sur vivea.					None	☐ Uterine Perforation
							Пн	Hemorrhag	e
Fetus viable?  Yes No		If viable, medical re	eason for termina	tion:				nfection	☐ Retained Products
								Other (Spec	_
Pathological examination If yes, results:									
performed?									
☐ Yes ■ No							Did this		on of pregnancy result in a maternal death
				Type of Term	ination Procedu	res			
Procedure that Terminate	ed Pre	egnancy			Additional P	rocedur	e that Teri	minated Pr	regnancy
☐ Medical (Nonsurgio								lifepriston	
☐ Medical (Nonsurgion Medical (Nonsurgio Medica) (Nonsurgio M								lisoprostol other (Spec	
■ Medical (Surgical) Suction Curettage									
☐ Medical (Surgical)	Mens	trual Aspiration			☐ Medical	(Surgio	cal) Mens	strual Aspin (Specify)	
☐ Medical (Surgical)	Ouie	(Specify)			Medical	(Surgic	cai) Other	(зресцу)	
						·a ·			
For Medical (Surgical) p									er the following question.
Was the fetus viable or ☐ Yes ■ 1		a post fertilization a	ge at least 20 we	eks?		us viab! Yes [		a post fert	ilization age at least 20 weeks?
If the previous question	was a	nswered yes, comple	te the following	questions.	If the previou	ıs quest	ion was aı	nswered ye	es, complete the following questions.
Was the fetus given the	e best	opportunity to surviv	ve?		Was the fet	us give	n the best	opportunit	y to survive?
☐ Yes ☐ N		,				Yes [		11	•
What was the basis for that required the proce									hat the pregnant woman had a condition th or serious impairment to the pregnant
woman?	dure t	o avert death of serio	as impairment to	die pregnant	woman?	a are pr	occurre to	o avert dea	an or serious impairment to the pregnant
Date last normal menses	_	n NOWN	P	hysician estima	te of gestation (	in week	s)	Post fe	rtilization age of the fetus (in weeks)
How were the gestationa			age determined?	?					9
ULTRASOUND									
Full name of physician p <b>DR. CAITLIN BERNAF</b>	Full name of physician performing termination  DR CALLIN BERNARD								
Address of physician per	Address of physician performing termination (number and street, city, state, and zip code)								
8590 GEORGETOWN	590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Data Danautad to F	)Cg	if Patient under 16	(month do	ar):					
**Date Reported to D									-
DATE RECEIVED I	ATE RECEIVED BY ISDH (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	y or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION			
Patient's age**	N . 1	Date of pregnancy term	nination	Educa	tion		
32	Married ■ Yes □ No	05/29/20		Educa	поп	High Scho	ool Diploma or GED
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ■ Blac ☐ White ☐ Other		n American			anic or Latino Hispanic or Latino
	Number of spontaneo	3 us terminations			Numb	er of induced termi	nations 0
Other Termination	ns:   Training of spontaneous   Training of	1	) those mo	st recent )			1
2016	2. <b>2012</b>	3	), inose mo 4			5	6
Fetus delivered alive	, , , , ,	me fetus survived:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■	No					None	☐ Uterine Perforation
	70					☐ Hemorrhag	ge Cervical Laceration
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	☐ Retained Products
						Other (Spe	
Pathological examir	nation If yes, results:						-557
performed?	NI-					<del></del>	
☐ Yes ■	NO					Yes N	on of pregnancy result in a maternal death?
-							
		Туре	of Termin	ation Procedur	res		
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated P	regnancy
Medical (Nons		☐ Medical	(Nonsu	rgical) Mifepristor	ne		
	urgical) Misoprostol urgical) Other (Specify)			Medical Medical	(Nonsui (Nonsui	rgical) Misoprosto rgical) Other (Spec	ify)
■ Medical (Surgical) Suction Curettage							ge
	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgica	al) Menstrual Aspi al) Other (Specify)	ration
i Medicai (Surgi	cai) Other ( <i>Specify</i> )			☐ Medicai	(Surgica	ai) Other ( <i>specify)</i>	
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgica	ll) procedures, ansv	ver the following question.
	ole or have a post fertilization  No	age at least 20 weeks?			us viable Yes [		tilization age at least 20 weeks?
If the previous ques	tion was answered yes, comp	lete the following question	ons.	If the previou	s questi	on was answered y	es, complete the following questions.
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	the best opportuni	ty to survive?
	s for determination that the p	ragnent warmen had a gar	dition	_	_	_	hat the pregnant woman had a condition
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant
woman?				woman?			
Γ			L	_			
Date last normal me	enses began 03/12/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  5
How were the gesta	tional age and post fertilization	on age determined?					<u> </u>
ULTRASOUND							
Full name of physic DR. CAITLIN BER	ian performing termination  NARD						
Address of physicia	n performing termination (nu	•	te, and zip o	code)			
8590 GEORGETO	WN ROAD, INDIANAPOL	IS, IN 46268					
**Data Danasta J	to DCS, if Patient under	16 (month down					
•							_
DATE RECEIVI	ED BY ISDH (month, day,	year):					_

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	cility Name and Address City or town, of pregnancy termination County of pregnancy termination								
PPIN-GEÓRGETOWN OR (PPGI	) - 8590 GEORGETOWN ROAD	), INDIANAPOLIS, IN, 46268			IAPOLIS		MARION		
Patient's age** Ma	urried	Date of pregnancy term <b>05/29/20</b>		Educa		High Scho	ool Diploma or GED		
Race American Indian or A Native Hawaiian or C	· · · · · · · · · · · · · · · · · · ·	☐ Asian ☐ Blac☐ White ☐ Othe		n American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	Number now living	2			Number now	deceased	0		
Other Terminations:	Number of spontaneou	s terminations			Number of inc	duced termi	inations 1		
Dates of terminations (Do 05/15/2015	o not include this termina  UNKNOWN	ation. If more than six (6)	), those mo	st recent.)	_		,		
Fetus delivered alive?	If yes, length of tir	me fetus survived:	4	·	3	Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ No					•	None	☐ Uterine Perforation		
						Hemorrhag	ge Cervical Laceration		
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				Infection	☐ Retained Products		
						Other (Spe	cify)		
Pathological examination  If yes, results:									
performed?  Yes No  Did this termination of pregnancy result in a maternal death							on of pregnancy result in a maternal death?		
Yes No									
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Te	rminated P	regnancy		
☐ Medical (Nonsurgical Medical (Nonsurgical (Nonsurgica)					(Nonsurgical)				
☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)									
■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration									
Medical (Surgical)				☐ Medical	(Surgical) Oth	er ( <i>Specify</i> )	nation		
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (	(Surgical) proce	dures, ansv	ver the following question.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question v	was answered yes, compl	ete the following questio	ons.	If the previou	s question was	answered y	es, complete the following questions.		
	best opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?		
Yes N				_	Yes No				
	determination that the pr lure to avert death or seri						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
	1	Ι		6		T +-			
Date last normal menses	began UNKNOWN	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  5		
How were the gestational	l age and post fertilizatio	n age determined?				1			
ULTRASOUND									
Full name of physician p	Full name of physician performing termination								
DR. CAITLIN BERNARD									
	Address of physician performing termination (number and street, city, state, and zip code) 590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
		·							
**Date Reported to D	**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 06/11/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN	46222 City or 1	town, of pregna	ncy termination	1	County of pregnancy termination  MARION				
	ancy termination	Educa	tion	Δεερ	ciate Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White	Black or Afric	an American	Unknown	Ethnicity  Hispa	nic or Latino	☐ Unknown			
Live Births: Number now living 2	Other		Number now		0	Clikilowii			
Other Terminations: Number of spontaneous terminations:			Number of in	duced termin					
Dates of terminations (Do not include this termination. If more to UNKNOWN	han six (6), those m	ost recent.)							
Fetus delivered alive?  If yes, length of time fetus surviv	red:	4	5	Complica	ation(s) of Pregnancy	/ Termination			
☐ Yes ■ No				None	☐ Uterin	e Perforation			
				Hemorrhage	e 🔲 Cervic	al Laceration			
Fetus viable?  If viable, medical reason for term  Yes No	nination:			Infection	— Retain	ed Products			
				Other (Speci					
Pathological examination If yes, results:				Other (Speed	997				
performed?									
☐ Yes ■ No			Did th			t in a maternal death?			
Type of Termination Procedures									
Procedure that Terminated Pregnancy	Additional Pr	rocedure that Te	rminated Pro	egnancy					
Medical (Nonsurgical) Mifepristone			(Nonsurgical)		;				
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		fy)				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage									
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Mer (Surgical) Oth	nstrual Aspir	ation				
Frederic (Surgicial) States (Specify)		Wiedicar	(Burgicur) Our	er (specify)					
For Medical (Surgical) procedures, answer the following question		For Medical (	(Cymai aal) muaaa	dumas anarri	er the following ques	tion.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viable or hav Yes \[ \] No	e a post ferti	lization age at least 2	20 weeks?			
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	s, complete the follo	wing questions.			
Was the fetus given the best opportunity to survive?			us given the bes	t opportunity	y to survive?				
☐ Yes ☐ No		· 🗆 :	Yes No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen					at the pregnant wom th or serious impairm				
woman?	1 0	woman?	•		•	1 0			
		1							
Date last normal menses began  UNKNOWN	Physician estimate	e of gestation (i	n weeks)	Post fer	tilization age of the t	fetus (in weeks)			
How were the gestational age and post fertilization age determin	led?				<u> </u>				
SONOGRAM									
Full name of physician performing termination  KATHLEEN GLOVER									
Address of physician performing termination (number and street	t, city, state, and zip	code)							
3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	ddre:	SS ST 16TH STREET SUITE B2, II	NDIANAPOLIS, IN 46222	City or to	own, of pregna	•			County of pregnand MA	cy termination	
Patient's age**	3.7		Date of pregnancy term	nination	Educa	tion					
31	Ma	rried Yes I No	05/17/20		Educa	поп	Hi	igh Schoo	ol Diploma or GE	D	
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ■ Othe		nn American	☐ Un	known		nic or Latino ispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				er now de		0		
Other Termination	s:	Number of spontaneou	s terminations			Numb	er of indu	aced termin	ations		
		not include this termina	0 ution. If more than six (6	(i), those mo	ost recent.)				1		
1. 12/15/2007		2	3	4	1		5		6		
Fetus delivered alive		If yes, length of tir	me fetus survived:					Complica	ation(s) of Pregnanc	y Termination	
☐ Yes ■ I	NO						■ N	Vone	☐ Uterir	ne Perforation	
F		TC : 11 1: 1	· · · · ·				□ н	Iemorrhage	☐ Cervi	cal Laceration	
Fetus viable?  Yes  I	No	If viable, medical i	reason for termination:				☐ In	nfection	☐ Retair	ned Products	
							Other (Specify)				
Pathological avamin	otion	If you regulter						ouiei (speci	<i>[[y]</i>		
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No						Did this			It in a maternal death?	
		I					1es	<u> </u>			
	Type of Termination Procedures										
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedure	e that Tern	minated Pre	egnancy		
■ Medical (Nonsu	ırgica	Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone			
<ul><li>Medical (Nonsu</li></ul>	ırgica	l) Misoprostol			☐ Medical	(Nonsu	rgical) M	Iisoprostol			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration											
Medical (Surgio							al) Mensi al) Other		ation		
For Madical (Surgice	o1) mm	ocedures, answer the fol	lavina avasti an		For Medical	Cumaiaa	1) mma aadu		er the following que	ation	
, ,			0 1								
Was the fetus viable Yes		nave a post fertilization a	age at least 20 weeks?			us viabl Yes [		a post ferti	lization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, comple	ete the following question	ons.	If the previou	s questi	ion was an	nswered yes	s, complete the follo	owing questions.	
		best opportunity to surv	ive?					opportunity	to survive?		
☐ Yes ☐	_  N	)			□ :	Yes [	」No				
			egnant woman had a cor ous impairment to the p							nan had a condition ment to the pregnant	
woman?		are to areit deads or seri	ous impument to the p	. eg.iiiii	woman?	a are pr	occurre to		ar or serious impuiri	nem to use pregnam	
Date last normal men		•	Physici	an estimate	of gestation (i	n weeks	s)	Post fer	tilization age of the	fetus (in weeks)	
**		04/03/2018	1		7				5		
How were the gestat <b>SONOGRAM</b>	ıonal	age and post fertilization	n age determined?								
JOHO OHAIN											
Full name of physici	an ne	rforming termination									
KATHLEEN GLO	_										
1 *		•	nber and street, city, sta	te, and zip	code)						
3007 WEST 101H	JIK!	EET, INDIANAPOLIS,	114 40222								
**D / D		20 'CD :									
**Date Reported	to D	CS, if Patient under 1									
DATE RECEIVE	ED B	Y ISDH (month, day,	year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or to		ncy termination	1	County of pregnancy termination  MARION			
	ancy termination	Educa	tion	Mast	er's Degree			
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	nn American	Unknown		nic or Latino ispanic or Latino	☐ Unknown		
Live Births: Number now living 0			Number now	deceased	0			
Other Terminations: Number of spontaneous terminations 0			Number of in	duced termin	ations 0			
Dates of terminations (Do not include this termination. If more th	nan six (6), those mo	ost recent.)						
Fetus delivered alive?  If yes, length of time fetus survive		1	5	Complica	ation(s) of Pregnancy	/ Termination		
Yes No	zu.			None		e Perforation		
				Hemorrhage	_	al Laceration		
Fetus viable? If viable, medical reason for termi	ination:							
Yes No				Infection	_	ed Products		
			⊔	Other (Speci	ify)			
Pathological examination performed?  If yes, results:								
☐ Yes ■ No			Did th			t in a maternal death?		
L I				L 110				
	Type of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	erminated Pre	egnancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical)		:			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) (Nonsurgical)		fy)			
■ Medical (Surgical) Suction Curettage								
☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Mei	nstrual Aspira	ation			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	er (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) proce	edures, answe	er the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	s, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bes	st opportunity	y to survive?			
What was the basis for determination that the pregnant woman	had a condition	What was th	ne basis for dete	ermination th	at the pregnant wom	an had a condition		
that required the procedure to avert death or serious impairment woman?	t to the pregnant	that required woman?	d the procedure	to avert deat	th or serious impairm	nent to the pregnant		
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fer	tilization age of the f	fetus (in weeks)		
03/21/2018		9	,	2 331 101	7	( 2000)		
How were the gestational age and post fertilization age determine <b>ULTRASOUND</b>	ed?							
						_		
Full name of physician performing termination DR. CAITLIN BERNARD								
Address of physician performing termination (number and street, 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	, city, state, and zip	code)						
GEORGE FOWN ROAD, INDIANAPOLIS, IN 40208								
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr	cility Name and Address  City or town, of pregnancy termination  County of pregnancy termination										
CLINIC FOR WOMEN - 3607 W	EST 16	STH STREET SUITE B2, I	NDIANAPOLIS, IN	46222	INDIA	NAPOLIS		MARION			
Patient's age** M	Iarried	i Yes • No	1 0	ancy termination 05/24/2018	Educ	ation	9th-1	2th, No Diploma			
Race American Indian or Native Hawaiian or	Other	Pacific Islander	☐ Asian ☐ White	Black or Afri	can American	Unknov	wn Not	ty panic or Latino Hispanic or Latino			
Live Births:		ımber now living	0				ow deceased	0			
Other Terminations:		ımber of spontaneou	0			Number of	f induced term	inations 0			
Dates of terminations (L	Do noi						5	6			
Fetus delivered alive?  Yes No		If yes, length of tie			4			ication(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?  Yes No		If viable, medical	reason for term	ination:			Hemorrha Infection Other (Spe	☐ Retained Products			
Pathological examination If yes, results:							ecijy)				
performed?  Yes No		SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal deat  Yes No						
Type of Termination Procedures											
Procedure that Terminat	Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgio	Mifepristone Misoprostol			Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)							
■ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)											
For Medical (Surgical) I	proced	dures, answer the fo	llowing question	n.	For Medical	(Surgical) pr	ocedures, ans	wer the following question.			
Was the fetus viable of Yes ■ 1		e a post fertilization	age at least 20 v	weeks?		tus viable or Yes	able or have a post fertilization age at least 20 weeks?				
If the previous question	was a	answered yes, compl	lete the followir	ng questions.	If the previo	us question v	vas answered	yes, complete the following questions.			
Was the fetus given the ☐ Yes ☐ I		t opportunity to surv	rive?			tus given the Yes		ity to survive?			
What was the basis for that required the proce woman?								that the pregnant woman had a condition eath or serious impairment to the pregnant			
Date last normal menses	-	un 15/2018		Physician estima	te of gestation (	in weeks)	Post f	Pertilization age of the fetus (in weeks)			
How were the gestational SONOGRAM			on age determin	ed?	<u> </u>			•			
WALTER THOMAS B	Full name of physician performing termination WALTER THOMAS BOWERS II										
Address of physician pe 3607 WEST 10TH STR					p code)						
**Date Reported to I	**Date Reported to DCS, if Patient under 16 (month, day, year): 06/12/2018										
	DATE RECEIVED BY ISDH (month, day, year): 06/12/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination		County of pregnancy termination  MARION			
Patient's age**	Marrie	d I	Date of pregnancy term	nination	Educa	tion					
30		Yes No	05/24/20					ociate Degree			
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2			Number of ind		0			
Other Termination	5.		ation. If more than six (6	S) 4h aga	204 422244 )	Number of ma	ucca termi	0			
1	S (Do no 2		anon. If more than six (c			5		6			
Fetus delivered alive		If yes, length of tin					Compli	cation(s) of Pregnanc	cy Termination		
☐ Yes ■ 1	No					1	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable medical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes • 1	No	ii viable, medicai	reason for termination.			_ I	nfection	Retai	ned Products		
							Other (Spec	cify)			
Pathological examina	ation	If yes, results:									
performed?  • Yes	No	SAC & CHORIOI	NIC VILLI			Did this	s terminati	on of pregnancy resu	alt in a maternal death?		
						☐ Yes			nt in a material dead.		
			Тур	e of Termir	nation Procedur	res					
Procedure that Term	regnancy		Additional Pr	ocedure that Ter	minated Pr	regnancy					
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐						(Nonsurgical) N					
Medical (Nonsu						Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)					
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgic ☐ Medical (Surgic		strual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other					
For Medical (Surgica	al) proce	dures, answer the fol	llowing question		For Medical (	(Surgical) proced	lures answ	ver the following que	 estion		
_	_		age at least 20 weeks?					• •			
Yes [		e a post fertilization	age at least 20 weeks.			Yes No	able or have a post fertilization age at least 20 weeks?  No				
If the previous questi	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nestion was answered yes, complete the following questions.				
		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
☐ Yes ☐	_				_	Yes No					
			regnant woman had a con lous impairment to the p					hat the pregnant wor ath or serious impair	nan had a condition ment to the pregnant		
woman?					woman?						
Date last normal mer	_	an 30/2018	Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestati			n age determined?		-			<u> </u>			
SONOGRAM											
Eull											
Full name of physici WALTER THOMAS	_										
1 1			mber and street, city, sta	te, and zip	code)						
3607 WEST 10TH S	SIREE	I SUITE 2B, INDIA	NAPOLIS, IN 46222								
**Date Renorted t	to DCS	if Patient under 1	6 (month. day. year)								
_	**Date Reported to DCS, if Patient under 16 (month, day, year):										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222  City or town, or						of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					
Patient's age**	Marrie	rd l	Date of pregnancy term	nination	Educa	tion					
40		Yes No	05/24/20			Н		ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2			Number of ind		0 nations			
Other Termination	15.		1 ation. If more than six (6	1 41-222-11		Number of ma	ucca terrin	0			
2009	is ( <i>Do no</i> 		anon. If more than six (0			5		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					<b>I</b>	None	☐ Uterir	ne Perforation		
Fatus viable?		If violate modical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				nfection	☐ Retain	ned Products		
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:					, 1				
performed?  • Yes	No	SAC & CHORIO	NIC VILLI			D:14:			14 : 1 4 4 - 9		
E les E	110								It in a maternal death?		
			Туре	of Termin	nation Procedur	res					
Procedure that Term	regnancy		Additional Pr	ocedure that Ter	minated P	regnancy					
Medical (Nonst						(Nonsurgical) M					
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) M (Nonsurgical) C					
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) Mens	strual Aspi				
Medical (Surgio	cai) Oin	er ( <i>specify</i> )			Medical	(Surgical) Other	г (Ѕресіју)				
									_		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgical) proced	lures, answ	ver the following que	stion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?			us viable or have Yes 🔲 No	able or have a post fertilization age at least 20 weeks?  No				
If the previous quest	tion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	estion was answered yes, complete the following questions.				
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the feti	us given the best	opportuni	ty to survive?			
☐ Yes [		·· -FF				Yes No	-FF	.,			
			regnant woman had a cor				s for determination that the pregnant woman had a condition rocedure to avert death or serious impairment to the pregnant				
woman?	rocedure	to avert death or ser	ious impairment to the pr	regnant	woman?	a the procedure t	o avert dea	atn or serious impairi	nent to the pregnant		
Date last normal me	_		Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		02/2018 e and post fertilization	n age determined?		8			6			
SONOGRAM	8	. r	<i>G</i> <del></del>								
Full name of physics	_	-									
			mber and street, city, star	te, and zip	code)						
	•		NAPOLIS, IN 46222								
•			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i> ): 06/12/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A		16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age**	T		Date of pregnancy te	rmination	Educat	tion					
25	Marrie [	ed ■ Yes 🗌 No	05/24/2		Educa		ociate Degree				
Race American Indian Native Hawaiian Live Births:	or Othe		■ White □ O		can American		oanic or Latino Hispanic or Latino				
Other Termination	N N	Tumber of spontaneou	1 as terminations			Number of induced term	0 inations				
	13.		1 ation. If more than six	(6), those m	nost recent.)		0				
1. UNKNOWN	:		3		4	5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:			ication(s) of Pregnancy Termination					
☐ Yes ■	NO					None	☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termination			ge Cervical Laceration					
Yes •	No	ii viasie, medicai	reason for termination	•	☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examir	nation	If yes, results:									
performed?  • Yes	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a mater						
						Yes I					
			Ту	pe of Term	ination Procedur	res					
Procedure that Term	ninated F	regnancy			Additional Pr	ocedure that Terminated I	Pregnancy				
☐ Medical (Nons	urgical)	Mifepristone			☐ Medical	(Nonsurgical) Mifepristo	ne				
Medical (Nons) Medical (Nons)						(Nonsurgical) Misoprosto (Nonsurgical) Other (Spe					
	,	(-1-33)			- Medical (Monotal groun) Outer (Specify)						
	1) 0					(G : 1) G : G :					
	cal) Me	nstrual Aspiration				(Surgical) Suction Curett (Surgical) Menstrual Asp	iration				
Medical (Surgi	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other (Specify	)				
For Medical (Surgion	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		ve a post fertilization	age at least 20 weeks?	,	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, comp	lete the following ques	stions.	If the previou	s question was answered	ves, complete the following questions.				
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us given the best opportung	ity to survive?				
What was the basi	s for det	ermination that the pr	regnant woman had a o	condition	What was th	ne basis for determination	that the pregnant woman had a condition				
			ious impairment to the				eath or serious impairment to the pregnant				
woman.					woman.						
Date last normal me	nces bas	ran	Dham	ician actimo	te of gestation (i	n wooks) Doot 4	ertilization age of the fetus (in weeks)				
Date last normal me	_	gan <b>/15/2018</b>	riiysi	ician estiind	<b>7</b>	n weeks) POST	5				
	tional ag	e and post fertilization	on age determined?			1					
SONOGRAM											
Full name of physic	Full name of physician performing termination										
	WALTER THOMAS BOWERS II										
	-	-	mber and street, city, s	_	code)						
3607 WEST 10TH	SIKEE	I SUITE 2B, INDIA	ANAPOLIS, IN 4622								
**Da4- D.	to Doo	if Dotit 1 1	6 (								
_			6 (month, day, year):				_				
DATE RECEIVI	ED BY	ISDH (month, day,	<i>year</i> ):				_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		6TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	City or to		ncy termination	County of pregnancy termination MARION				
Patient's age**	Marrie	1	Date of pregnancy term	ination	Educat	ion					
21		Yes No	05/24/20 <sup>-</sup>		Lucui			ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Blac Othe		n American	Unknown Number now o	■ Not	y anic or Latino Hispanic or Latino			
Other Termination	ns: N	umber of spontaneou	us terminations			Number of ind	uced termi	nations 0			
Dates of termination	ns (Do no		ation. If more than six (6					*			
Fetus delivered alive			3	4.			Complication(s) of Pregnancy Termination  None Uterine Perforation  Hemorrhage Cervical Laceration				
Fetus viable?  Yes		If viable, medical	reason for termination:		☐ Infection ☐ Retained Product ☐ Other (Specify)						
Pathological examin performed?  • Yes		If yes, results:  CHORIONIC VIL	LI & FETAL PARTS		Did this termination of pregnancy result in a maternal of Yes No						
		1									
			Туре	of Termin	ation Procedur	es					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nonst Medical (Nonst Medical (Nonst	urgical)	Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspi	ration			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) proced	dures, ansv	ver the following question.			
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was a	inswered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			is given the best es  No	opportuni	ty to survive?			
			regnant woman had a con ious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant			
			1								
Date last normal me	_	an 03/2018	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)  9			
How were the gestat	How were the gestational age and post fertilization age determined?  SONOGRAM										
Full name of physician performing termination WALTER THOMAS BOWERS II											
	•		mber and street, city, stat ANAPOLIS, IN 46222	te, and zip o	code)						
_	Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 06/12/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						y or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age**	М.	.1	Date of pregnancy term	nination	Educa	tion							
21	Marrie	ed ☐ Yes ■ No	05/24/20		Lauca	.1011		Some Co	llege, No Deg	ree			
Race American Indian Native Hawaiian	or Othe		Asian Blace		can American		iknown oer now d	■ Not H	nnic or Latino Hispanic or Latin	0	Unknown		
Live Births:			0						0				
Other Termination	15.	umber of spontaneou	0		Number of induced terminations 0								
Dates of termination	is (Do no		ation. If more than six (6				_						
Fetus delivered alive	<sup>2</sup>	If yes, length of ti	me fetus survived:		4		5	Complic	ation(s) of Pregr	nancy	Termination		
Yes •		ii yes, lengui oi u	nie ietus surviveu.								Perforation		
									_		d Laceration		
Fetus viable?		If viable, medical	reason for termination:					Hemorrhage	_				
Yes •	No						L I	nfection	∐ R	etaine	d Products		
						Other (Spec	rify)						
Pathological examin performed?	ation	If yes, results:											
■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal death								
							☐ Yes	s 🔳 No	)				
			_										
			Тур	e of Termi	nation Procedu								
Procedure that Term	inated P	regnancy			Additional P	ocedure	e that Ter	minated Pr	egnancy				
Medical (Nonsu								Aifepristone					
Medical (Nonst				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
■ Medical (Surgical) Suction Curettage									ge				
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgic	al) Mens	strual Aspir r (Specify)					
- Wedlear (Surgi	car) Our	er (specify)			Wiedicar	(Buigie	ai) Oile	(вресіду)					
											_		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						ion.		
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						) weeks?		
If the previous quest	ion was	answered ves comp	lete the following question	ons	If the previous question was answered yes, complete the following questions.						zing questions		
1		, , 1	<i>C</i> 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	•		·			mg questions:		
was the fetus give		st opportunity to surv	ive?			us giver Yes [		opportunit	y to survive?				
			regnant woman had a co								n had a condition		
that required the property woman?	rocedure	to avert death or ser	ious impairment to the p	regnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious im	oairmo	ent to the pregnant		
Date last normal me	nses has	an	Dhysici	an ectimet	e of gestation (	in wool-	c)	Post for	rtilization age of	the f	etus (in waaks)		
Date last normal file	-	an <b>05/2018</b>	Filysici	un cstilliäl	6 <b>6</b>	n week!	» <i>)</i>	1 051 161	ianzadon age ol	4	aus (ui weeks)		
How were the gestat	ional ag	e and post fertilization	n age determined?					•					
SONOGRAM													
Full name of physician performing termination													
WALTER THOMA	_	-											
	•	-	mber and street, city, sta	te, and zip	code)								
3607 WEST 10TH	STREE	T SUITE 2B, INDIA	ANAPOLIS, IN 46222										
•			6 (month, day, year):						-				
DATE RECEIVE	ATE RECEIVED BY ISDH (month, day, year): 06/12/2018												

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad CLINIC FOR WOMEN - 3607	ldress WEST 16	STH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to		ncy termination	County of pregnancy termination MARION					
Patient's age**	Marrie	1	Date of pregnancy term	nination	Educa	tion						
21		Yes No	05/24/20					elor's Degree				
Race American Indian of Native Hawaiian of	or Other		Asian Blac White Othe		an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	NI.	ımber of spontaneou	0 us terminations			Number of induced terminations						
Other Terminations:	•		ation. If more than six (6	those me	1							
2013	2.		3		,	5		6				
Fetus delivered alive?		If yes, length of ti				y Termination						
Yes N	0				■ None ☐ Uterine Perforati							
Fetus viable?		If viable medical	reason for termination:			1	Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes N	o	ii viable, illedical	reason for termination.				☐ Infection ☐ Retained Products					
							☐ Other (Specify)					
Pathological examinat	tion	If yes, results:										
performed?  • Yes  • N	Io.	SAC & CHORIO	NIC VILLLI		Did this termination of pregnancy result in a maternal death?							
						☐ Ye			it in a maternar death:			
			Туре	e of Termin	nation Procedur	res						
Procedure that Termin	nated Pr	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy				
Medical (Nonsur						(Nonsurgical) N						
☐ Medical (Nonsur					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgica)	ıl) Suct	ion Curettage			☐ Medical	(Surgical) Sucti	on Curetta	ige				
☐ Medical (Surgica☐ Medica☐ Medical (Surgica☐ Medica☐ M	l) Men	strual Aspiration				(Surgical) Men (Surgical) Othe		ration				
	., ouic	a (Speedy))				(Surgicul) Sure	(Speedy)					
For Medical (Surgical	N	1 d. 6.			FM-4:1/	(C:1)	1					
	_				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viable Yes		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question	on was a	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.			
Was the fetus given		t opportunity to surv	ive?			us given the best	opportuni	ty to survive?				
☐ Yes ☐	] No				_ Y	Yes No						
			regnant woman had a cor lous impairment to the pr					hat the pregnant wor				
woman?					woman?	F						
Date last normal mens	_	nn 10/2018	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestation			n age determined?					<u> </u>				
SONOGRAM												
Full name of physician WALTER THOMAS	-	-										
	•	-	mber and street, city, star	te, and zip	code)							
3607 WEST 10TH S	(REE)	SUITE 2B, INDIA	NAPOLIS, IN 46222									
**Date Reported to	DCS	if Patient under 1	6 (month day year)									
_	**Date Reported to DCS, if Patient under 16 (month, day, year):  DATE RECEIVED BY ISDH (month, day, year):  06/12/2018											

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	ess est 16th street suite B2, indianapolis, in	City or	town, of pregnancy ter INDIANAPOI		County of pregnancy termination MARION				
Race ☐ American Indian or a ☐ Native Hawaiian or a  Live Births:  Other Terminations:	Alaska Native Asian Other Pacific Islander White Number now living Onto not include this termination. If more and a survive If yes, length of time fetus survive If viable, medical reason for termination for termination.	than six (6), those n	frican American    College, No Degree						
Proceedings that T	od Decements	Type of Term	ination Procedures						
For Medical (Surgical)  For Medical (Surgical) p  Was the fetus viable or  Yes  Was the fetus given the Yes  What was the basis for	cal) Mifepristone cal) Misoprostol cal) Other (Specify)  Suction Curettage Menstrual Aspiration Other (Specify)  Procedures, answer the following question thave a post fertilization age at least 20 No was answered yes, complete the following the best opportunity to survive?	weeks? ing questions.	Medical (Nonsu  Medical (Nonsu  Medical (Surgic  Medical (Surgic  Medical (Surgic  Medical (Surgic  Vas the fetus viab  Yes  If the previous quest  Was the fetus give  Yes  What was the basi	cal) Suction Curetta cal) Suction Curetta cal) Menstrual Aspical) Other (Specify)  cal) procedures, answelle or have a post fertal No call call other (Specify) call procedures answered your the best opportunity No call of the formula of the formu	ge ration  ver the following question.  tilization age at least 20 weeks?  es, complete the following questions.				
Date last normal menses began  O4/02/2018  Physician estimate of gestation (in weeks)  9  Post fertilization age of the fetus (in weeks)  7  How were the gestational age and post fertilization age determined?									
SONOGRAM									
			v code)						
**Date Reported to D	**Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 1	6TH STREET SUITE B2, INDIANAF	POLIS, IN 46222	City or to	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** Marrie	d Date o	of pregnancy termi 05/24/201		Educa	tion	Hi		ol Diploma or GEI	D	
Race American Indian or Alas		=		an American				nic or Latino		
Native Hawaiian or Othe Live Births:	r Pacific Islander Whumber now living	ite	<u> </u>		Unknown Number			ispanic or Latino  0	Unknown	
Other Terminations: N	umber of spontaneous termi			Number of induced terminations						
Dates of terminations (Do no	•	f more than six (6),	, those mo	ost recent.)		5		6		
Fetus delivered alive?	If yes, length of time fetu	s survived:		Complication(s) of Pregnancy Termina					y Termination	
☐ Yes ■ No				■ None ☐ Uterine Perfor					e Perforation	
Fetus viable?	If viable, medical reason	for termination:		Hemorrhage Cervical Laceration					cal Laceration	
☐ Yes ■ No						☐ Ir	nfection	☐ Retain	ed Products	
Other (Specify)										
Pathological examination performed?										
Yes No	SAC & CHORIONIC VI	LLIJ				Did this Yes			t in a maternal death?	
		Туре	of Termin	nation Procedur	res					
Procedure that Terminated Pr	regnancy			Additional Pr	ocedure th	nat Terr	ninated Pre	egnancy		
☐ Medical (Nonsurgical) ☐ Medical (Nonsurgical) ☐					(Nonsurgi		lifepristone			
Medical (Nonsurgical)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suct     Medical (Surgical) Men				Medical Medical	(Surgical)	Suction	on Curettag trual Aspira	e		
Medical (Surgical) Other					(Surgical)			ition		
For Medical (Surgical) proce	dures, answer the following	question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or hav ☐ Yes ■ No	e a post fertilization age at l	east 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	answered yes, complete the	following question	ıs.	If the previou	s question	was ar	nswered yes	s, complete the follo	wing questions.	
Was the fetus given the bes ☐ Yes ☐ No	st opportunity to survive?			Was the fet	us given th		opportunity	to survive?		
	ermination that the pregnant to avert death or serious im							at the pregnant wom h or serious impairn		
woman?		•		woman?	•					
Date last normal menses beg	an	Physician	n estimate	e of gestation (i	in weeks)		Post fer	tilization age of the	fetus (in weeks)	
04/	09/2018			6				4	(	
How were the gestational age SONOGRAM	e and post fertilization age d	etermined?								
Full name of physician perfo	=									
Address of physician perform		nd street, city, state	e, and zip	code)						
3607 WEST 10TH STREET	T SUITE 2B, INDIANAPO	DLIS, IN 46222								
**Date Reported to DCS	, if Patient under 16 (more	nth, day, year):								
DATE RECEIVED BY ISDH (month, day, year). 06/12/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t		ncy termination	County of pregnancy termination MARION				
Patient's age**	Marrie	vd.	Date of pregnancy term	nination	Educa	tion					
38		Yes No	05/24/201					ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	2 us terminations			Number of ind	uced termi	0 inations			
Other Termination	15.		ation. If more than six (6	1 41-000		Trainiber of file		2			
2007			3		· · ·	5		6			
Fetus delivered alive	e?	If yes, length of ti			Complication(s) of Pregnancy Termination						
☐ Yes ■	No				■ None ☐ Uterine Perforatio						
						☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
Pathological examin	ation	If yes, results:				Other (Specify)					
performed?	ation										
■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal death?						
			Туре	of Termin	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) M	//////////////////////////////////////	ne			
Medical (Nonsu  Medical (Nonsu						(Nonsurgical) M (Nonsurgical) C					
	8,	(	327								
	1) 0				(a · 1) a · ·						
	cal) Mei	nstrual Aspiration				(Surgical) Sucti (Surgical) Mens	strual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	(Surgical) proced	lures, answ	ver the following que	stion.		
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	ive?			us given the best Yes \( \square\) No	opportuni	ty to survive?			
What was the basis	s for deta	ermination that the n	egnant woman had a con	dition	_	_	mination t	hat the pregnant won	an had a condition		
that required the pr			ious impairment to the pr		that require			ath or serious impair			
woman?					woman?						
			1				•				
Date last normal me	_	an <b>/28/2018</b>	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the <b>5</b>	fetus (in weeks)		
How were the gestat			n age determined?					<u>-</u>			
SONOGRAM											
	Full name of physician performing termination  WALTER THOMAS BOWERS II										
_			mber and street, city, stat	te, and zip	code)						
3607 WEST 10TH	STREE	T SUITE 2B, INDIA	NAPOLIS, IN 46222								
1417		100									
•			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/12/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36	6TH STREET SUITE B2, I	INDIANAPOLIS, IN 46222	City or	town, of pregna	•		County of pregnancy termination MARION			
<b>D</b> ( ) ( )	1		D. C	• .•	T == -					
Patient's age** 20	Marrie [	d Yes • No	Date of pregnancy term 05/24/20		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ☐ Other		an American	☐ Un		/ anic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	N	umber now living	1			Numb	per now deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0			Numb	per of induced termi	nations 1		
Dates of termination <b>09/07/2017</b>			ation. If more than six (6		ost recent.)		_			
Fetus delivered alive			me fetus survived:		4		Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No						■ None	☐ Uterine Perforation		
E-t		TC:-1.1 d:1					☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	No	if viable, medical	reason for termination:		☐ Infection ☐ Retained Products					
							☐ Other (Spec	cify)		
Pathological examin	nation	If yes, results:								
performed?  ■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal death					
							Yes N			
			Туре	of Termi	nation Procedu					
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
☐ Medical (Nonst					☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprosto	e I		
Medical (Nonsi					Medical (Nonsurgical) Other (Specify)					
Medical (Surgio		tion Curettage			Medical	(Surgic	cal) Suction Curetta cal) Menstrual Aspi	ge		
Medical (Surgional Medical Medica					☐ Medical ☐ Medical	(Surgic	cal) Other (Specify)	ration		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, answ	ver the following question.		
	le or hav	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ns.	If the previous question was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [		t opportunity to surv	vive?			us givei Yes [	n the best opportuni	ty to survive?		
		ermination that the n	regnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition		
			ious impairment to the pr					ath or serious impairment to the pregnant		
woman:					woman:					
Date last normal me	nses beg	an	Physicia	ın estimat	e of gestation (i	n week:	s) Post fe	rtilization age of the fetus (in weeks)		
How were the gestar	03/	27/2018			8			6		
SONOGRAM	nonai age	e and post tertilizatio	лі age ueiermined!							
Full name of physician performing termination  WALTER THOMAS BOWERS II										
			mber and street, city, stat	e, and zip	code)					
3607 WEST 10TH	STREE	T SUITE 2B, INDIA	ANAPOLIS, IN 46222							
**Date Renorted	to DCS	if Patient under 1	6 (month. dav. vear):							
-	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add CLINIC FOR WOMEN - 3607	of pregnar	County of pregnancy termination MARION									
23	Marrie [	d Yes • No	Date of pregna	ancy terminati 05/24/2018	ion	Educat			ool Diploma or GED		
Race American Indian o			Asian	☐ Black or	African Am		_		anic or Latino		
Native Hawaiian o		r Pacific Islander umber now living	White	Other			Unknown Number now		Hispanic or Latino Unknown		
Other Terminations:	N	umber of spontaneou	s terminations				Number of in	duced term			
Dates of terminations		t include this termine	ution. If more th	nan six (6), the	ose most rec	ent.)			0		
					4		5		cation(s) of Pregnancy Termination		
Fetus delivered alive?  Yes No		If yes, length of tir	ne fetus survive	ed:				■ None ☐ Uterine Perforation			
							<u> </u>				
Fetus viable?  Yes No	1	If viable, medical	reason for termi	ination:		Hemorrhage Cervical Laceral					
103 110	,							Other (Spe	_		
Pathological examinat	ion	If yes, results:						Other (Spe	cty)		
performed?  Yes No	O	CHORIONIC VIL	LI & FETAL P	ARTS			Did th	is terminati	on of pregnancy result in a maternal death?		
							□ Y				
				Type of T	Termination						
Procedure that Termin	ated P	regnancy					ocedure that Te		•		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						Medical (	Nonsurgical) Nonsurgical)	Misoprosto	1		
Medical (Nonsurg	Other (Specify)		Medical (	(Nonsurgical)	Other (Spec	cify)					
Medical (Surgical Medical (Surgical	) Mer	strual Aspiration				Medical (	Surgical) Suc Surgical) Mer	strual Asp	iration		
Medical (Surgical	l) Oth	er (Specify)				Medical (	(Surgical) Oth	er (Specify)			
For Medical (Surgical)	•					For Medical (Surgical) procedures, answer the following question.  Was the fetus yields or have a post fertilization age at least 20 weeks?					
Was the fetus viable ☐ Yes ■		e a post fertilization	age at least 20 v	weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous question	n was	answered yes, compl	ete the followin	g questions.	If the	e previous	question was	answered y	es, complete the following questions.		
Was the fetus given t		t opportunity to surv	ive?		Wa		s given the bes	st opportuni	ty to survive?		
Yes				1 1 100	17.71	_	es No		a da a d		
What was the basis f					int tha	t required			that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					wo	man?					
Date last normal mens	es beg	an		Physician es	timate of ge	station (ir	ı weeks)	Post fo	ertilization age of the fetus (in weeks)		
	04/	10/2018			_	10			8		
How were the gestation	nai ag	e anu post fertilizatio	n age determine	eu !							
Full name of physician performing termination  WALTER THOMAS BOWERS II											
Address of physician p			nber and street,	, city, state, ar	ıd zip code)						
3607 WEST 10TH ST	TREE	T SUITE 2B, INDIA	NAPOLIS, IN	46222							
**Date Reported to	DCS	, if Patient under 1	6 (month, day,	year):					_		
DATE RECEIVED BY ISDH (month, day, year): 06/12/2018											

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	6TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	City or to	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Dationt's **	I _		Data of	imati	l r ı	tion-				
Patient's age** 25	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>05/24/20</b>		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ Asian ☐ Blace ☐ Other		an American			y anic or Latino Hispanic or Latino		
Other Termination	ns: N	umber of spontaneou				Numb	per of induced termi	-		
Dates of termination	is (Do no	t include this termin	ation. If more than six (6	), those mo	ost recent.)			v		
1	2	I	3		1		5	cation(s) of Pregnancy Termination		
Fetus delivered alive		If yes, length of ti	me fetus survived:			Uterine Perforation				
							None	_		
Fetus viable?		If viable, medical	reason for termination:				☐ Hemorrhag	_		
☐ Yes ■ No							☐ Infection	Retained Products		
					Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:								
■ Yes □	CHORIONIC VIL	LI & FETAL PARTS	Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No							
								U		
			Туро	e of Termin	nation Procedur	res				
Procedure that Term	ninated P	e that Terminated P	regnancy							
Medical (Nonsu							rgical) Mifepriston			
Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
■ Medical (Surgical) Suction Curettage										
	cal) Mer	strual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi	ration		
iviedicai (Surgio	cai) Oui	ы (эресцу)			Wiedicai	(Surgic	ai) Ouiei (specify)			
For Medical (Surgic			• •				•	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give	n the bes	st opportunity to surv	rive?		Was the fet	us giver	n the best opportuni	ty to survive?		
☐ Yes [		11 7				Yes [				
			regnant woman had a con ious impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	roccaure	to avert death of ser	rous impairment to the pr	regnant	woman?	a the pr	occdure to avert de	aut of serious impairment to the pregnant		
Date last normal me			Physici	an estimate	e of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		03/2018 e and post fertilization	on age determined?		11			9		
SONOGRAM										
Full name of physician performing termination  WALTER THOMAS BOWERS II										
			mber and street, city, sta	te, and zip	code)					
3607 WEST 10TH	STREE	T SUITE 2B, INDIA	ANAPOLIS, IN 46222							
wwD . D	. 5.00	·CD								
_	Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVE	PATE RECEIVED BY ISDH (month, day, year): 06/12/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
<b>D</b>	_		D	• .•	T = :	.•				
Patient's age** 37	Marrie [	d Yes No	Date of pregnancy term 05/24/20		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Other		an American		known Not I	anic or Latino Hispanic or Latino  Unknown		
Live Births:	Ni	umber now living	2			Numb	per now deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations		Number of induced terminations 0					
Dates of termination			ation. If more than six (6		ost recent.)		5.	6.		
Fetus delivered alive	e?	1	me fetus survived:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■	No					☐ Uterine Perforation				
F		TC : 11 1: 1					☐ Hemorrhag	e Cervical Laceration		
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained Products		
				Other (Specify)						
Pathological examin	nation	If yes, results:					-957			
performed?  Yes		SAC CHORION	IC VILLI, & FETAL PA	RTS	Did this termination of pregnancy result in a maternal d					
i res	NO	ono, orionion	- The state of the				Yes N			
			Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated Pr	regnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy		
	Medical (Nonsurgical) Mifepristone						rgical) Mifepriston	e		
☐ Medical (Nons) ☐ Medical (Nons)					☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	ify)		
Medical (Surgional Control Contro	cal) Suct	ion Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge		
	cal) Men	strual Aspiration			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
Wiedical (Surgi	car) Our	л (Бресцу)			Wiedicar	(Surgic	an) Onici (specify)			
	1)	1 4 6			- M. P. 1	(G :	1\ 1	4 6 11		
For Medical (Surgic	_						_	er the following question.		
Was the fetus viab ☐ Yes ☐		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	rive?			us givei Yes [	n the best opportuni	ty to survive?		
	_	maination that the m	recoment recomen had a some	dition	_	_	_	hat the macanant ryaman had a condition		
that required the p			regnant woman had a con ious impairment to the pr		that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
Date last normal me	mees boo	an	Dhyaisia	an estimet	e of gestation (i	n wool-	g) Dogt fo	rtilization age of the fetus (in weeks)		
	04/	18/2018		cominat	9	n week.	1 051 10	7		
How were the gestar SONOGRAM	tional age	e and post fertilization	on age determined?							
JUNUURAW										
Full name of physician performing termination										
WALTER THOMA	S BOW	ERS II								
	-	-	mber and street, city, stat ANAPOLIS, IN 46222	te, and zip	code)					
		· · · · · · · · · · · · · · · · · · ·	·							
**Date Reported	**Date Reported to DCS, if Patient under 16 (month, day, year):									
DATE RECEIVI	DATE RECEIVED BY ISDH (month, day, year): 06/12/2018									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 462	City or to		ncy termination		County of pregnancy termination  MARION					
Patient's age**  28  Married Yes No  Date of pregnan  05	ncy termination	Educa		ligh School	Diploma or GEI	)				
Native Hawaiian or Other Pacific Islander White	Black or Africa Other	n American	Unknown Number now d	Not His	ic or Latino spanic or Latino	Unknown				
Number of enontenance terminations			0 Number of induced terminations							
Other Terminations: Number of spontaneous terminations  1  Dates of terminations (Do not include this termination. If more than	n sir (6) those mo	st recent )	- Trumber of ma	uccu termina	1					
1. 02/10/2013 2. 2005 3.	4	·	5		6					
Fetus delivered alive?  If yes, length of time fetus survived  If yes, length of time fetus survived	l:			Complicat	ion(s) of Pregnancy	Termination				
				None	☐ Uterin	e Perforation				
Fetus viable? If viable, medical reason for termina	ation:			Hemorrhage	☐ Cervic	al Laceration				
☐ Yes ■ No				Infection	☐ Retain	ed Products				
		Other (Specif	y)							
Pathological examination performed?										
■ Yes No TISSUE NOT CONSISTENT WIT	TH PRE-OP SON	Did this termination of pregnancy result in a maternal death  ☐ Yes ■ No								
			•							
	Type of Termin	ation Procedur	res							
Procedure that Terminated Pregnancy	Additional Pr	ocedure that Ter	minated Preg	gnancy						
Medical (Nonsurgical) Mifepristone			(Nonsurgical) N							
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Men (Surgical) Othe		ion					
		SHARP CURE	TTAGE							
For Medical (Surgical) procedures, answer the following question.		For Medical (	(Surgical) proced	lures, answer	the following ques	 tion.				
Was the fetus viable or have a post fertilization age at least 20 we ☐ Yes ■ No	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No								
If the previous question was answered yes, complete the following	questions.	If the previou	s question was a	inswered yes,	complete the follow	wing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes  No	opportunity	to survive?					
What was the basis for determination that the pregnant woman had that required the procedure to avert death or serious impairment to		that require			t the pregnant wom or serious impairm	an had a condition nent to the pregnant				
woman?		woman?								
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post ferti	lization age of the f	fetus (in weeks)				
03/15/2018		10			8					
How were the gestational age and post fertilization age determined <b>SONOGRAM</b>	1?									
Full name of physician performing termination WALTER THOMAS BOWERS II										
Address of physician performing termination ( <i>number and street, c</i> <b>3607 WEST 10TH STREET SUITE 2B, INDIANAPOLIS, IN 4</b>		code)								
**Date Reported to DCS, if Patient under 16 (month, day, ye	ear):									
DATE RECEIVED BY ISDH (month, day, year): 06/12/2018										

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222	City or town, of pregnan	•	County of pregnancy termination  MARION					
_			1					
Patient's age**  33 Married Date of pregnancy terming Signary 1 Patient's Age   ■ No   05/24/201		Some C	College, No Degree					
Race  ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander  Live Births:  Number now living  3			ty panic or Latino Hispanic or Latino					
Other Terminations: Number of spontaneous terminations		Number of induced term	ninations					
Dates of terminations (Do not include this termination. If more than six (6)  1. 2010 2. 3.		5.	6.					
Fetus delivered alive? If yes, length of time fetus survived:			lication(s) of Pregnancy Termination					
☐ Yes ■ No		■ None	☐ Uterine Perforation					
		Hemorrha	ge Cervical Laceration					
Fetus viable? If viable, medical reason for termination:		☐ Infection	Retained Products					
I les I No			_					
		Other (Sp.	ecify)					
Pathological examination performed?								
☐ Yes ■ No		Did this terminar  ☐ Yes	tion of pregnancy result in a maternal death?					
		•						
Туре	of Termination Procedure	es						
Procedure that Terminated Pregnancy	Additional Pro	cedure that Terminated l	Pregnancy					
Medical (Nonsurgical) Mifepristone	☐ Medical (	Nonsurgical) Mifepristo	one					
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)	☐ Medical (	Nonsurgical) Misoprost	ol					
Medicai (Nonsurgicai) Other (Specify)	Medical (	Medical (Nonsurgical) Other (Specify)						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Surgical) Suction Curett Surgical) Menstrual Asp						
Medical (Surgical) Other (Specify)		Surgical) Other (Specify						
For Medical (Surgical) procedures, answer the following question.	For Medical (S	Surgical) procedures, ans	wer the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following question	ns. If the previous	If the previous question was answered yes, complete the following questions.						
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
What was the basis for determination that the pregnant woman had a cond	dition What was the	- basis for determination	that the pregnant woman had a condition					
that required the procedure to avert death or serious impairment to the pro-	egnant that required		eath or serious impairment to the pregnant					
woman?	woman?							
Date last normal menses began Physicia.  04/06/2018	n estimate of gestation (in <b>6</b>	weeks) Post i	fertilization age of the fetus (in weeks)  4					
How were the gestational age and post fertilization age determined?	<del>-</del>							
SONOGRAM								
Full name of physician performing termination WALTER THOMAS BOWERS II								
Address of physician performing termination (number and street, city, state	e, and zip code)							
3607 WEST 10TH STREET SUITE 2B, INDIANAPOLIS, IN 46222								
**Date Reported to DCS, if Patient under 16 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 06/12/2018			_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 4	City or to		ncy termination	1	County of pregnancy termination MARION			
	ancy termination 05/24/2018	Educa		High Schoo	l Diploma or GEI	)		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living	Black or Africa	n American	Unknown Number now	■ Not Hi	nic or Latino spanic or Latino	Unknown		
Live Births: 2			Number of in		0			
Other Terminations:  Number of spontaneous terminations 0	. (6) 1		Number of in	uucea teriiini	0			
Dates of terminations (Do not include this termination. If more the	nan six (6), those mo 4	st recent.)	5		6			
Fetus delivered alive? If yes, length of time fetus survive	ed:			Complica	tion(s) of Pregnancy	Termination (		
☐ Yes ■ No			•	None	☐ Uterin	e Perforation		
Fetus viable? If viable, medical reason for termi	ination			Hemorrhage	☐ Cervic	al Laceration		
Yes No	mation.			Infection	☐ Retain	ed Products		
				Other (Specij	fy)			
Pathological examination If yes, results:								
performed? ☐ Yes ■ No			Did th		of pregnancy resul	t in a maternal death?		
			, —					
	Type of Termin	ation Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Te	erminated Pre	gnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical)	Mifepristone				
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)			(Nonsurgical)		iv)			
Interest (Normal great)		☐ Medical (Nonsurgical) Other (Specify)						
			(G : 1) G	··				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Suc (Surgical) Mer	nstrual Aspira	e tion			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Oth	er (Specify)				
						_		
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) proce	edures, answe	r the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	weeks?		etus viable or have a post fertilization age at least 20 weeks?  Yes No					
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes	, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the bes	st opportunity	to survive?			
What was the basis for determination that the pregnant woman					at the pregnant wom			
that required the procedure to avert death or serious impairment woman?	t to the pregnant	woman?	d the procedure	to avert deat	n or serious impairm	nent to the pregnant		
Date last normal menses began	Physician estimate	_	n weeks)	Post fert	ilization age of the f	fetus (in weeks)		
04/11/2018  How were the gestational age and post fertilization age determine	ed?	6			4			
SONOGRAM	ou :							
Full name of physician performing termination WALTER THOMAS BOWERS II								
Address of physician performing termination (number and street,	-	code)						
3607 WEST 10TH STREET SUITE 2B, INDIANAPOLIS, IN	46222							
**Date Reported to DCS, if Patient under 16 (month, day,	year):							
DATE RECEIVED BY ISDH (month, day, year): 06/12/2	2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 16TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or to	own, of pregna	•		County of pregnancy termination MARION		
	T			1					
Patient's age** 26	Married Yes No	Date of pregnancy term 05/24/201		Educa	tion		elor's Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	Asian Black White Othe		an American	☐ Un		nnic or Latino Hispanic or Latino   Unknown		
Live Births:	Number now living	0			Numb	er now deceased	0		
Other Termination	Number of spontaneous:	us terminations 0			Numb	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	*		ost recent.)					
Fetus delivered alive	1	me fetus survived:		1		5Complie	eation(s) of Pregnancy Termination		
Yes •	, ,	me ietus surviveu.				■ None	Uterine Perforation		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_		
☐ Yes ■	No					☐ Infection	Retained Products		
						Other (Spec	ify)		
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No					Did this termination  ☐ Yes  No	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	egnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)					rgical) Misoprostol rgical) Other (Spec			
☐ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	GA.		
☐ Medical (Surgion	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgion	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  ☐ No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previous question was answered yes, complete the following questions.					
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?		
	s for determination that the p	rognant woman had a gan	dition	_	_	_	hat the pregnant woman had a condition		
that required the p	rocedure to avert death or ser			that require			th or serious impairment to the pregnant		
woman?				woman?					
Data last 1	ungag hagan	Di · ·	un cati '	of cont-ti	1		utilization are of the fater (i.e., 1.)		
Date last normal me	04/02/2018		ui estiinate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  4		
	tional age and post fertilization	on age determined?				•			
SONOGRAM									
Full name of physic	ian performing termination								
WALTER THOMA	AS BOWERS II								
	n performing termination (nu STREET SUITE 2B, INDIA		e, and zip	code)					
		OLIO, III TOLLE							
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
DATE RECEIVI	ED BY ISDH (month, day,	year): 06/12/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	City or t	own, of pregna			County of pregnancy termination MARION		
Dadiana () steate	1		Data of	-:	l r.	4:-				
Patient's age** 32	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>05/24/20</b>		Educa	tion	High Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	or Othe		Asian Blace Other		an American			y anic or Latino Hispanic or Latino		
Other Termination	ns: N	umber of spontaneou				Numb	per of induced termi	-		
Dates of termination	ns (Do no	t include this termin	ation. If more than six (6	), those mo	ost recent.)			U		
1	2		3		4		5	cation(s) of Pregnancy Termination		
Fetus delivered alive		If yes, length of ti	me fetus survived:				_	_		
							None	Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration		
☐ Yes ■	No						☐ Infection	☐ Retained Products		
							Other (Spe	cify)		
Pathological examin performed?	nation	If yes, results:								
☐ Yes ■	No						Did this terminati	on of pregnancy result in a maternal death?		
								o		
			Туро	e of Termii	nation Procedu	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
Medical (Nonst							rgical) Mifepristor			
Medical (Nonsu Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec			
					(ronsungreur) outer (specigy)					
Medical (Surgio	cal) Suc	tion Curettage			☐ Medical	(Surgic	eal) Suction Curetta	uge		
	cal) Mer	strual Aspiration			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
iviculcai (Suigh	car) Our	а (вресцу)			Wiedicar	(Surgic	an) Outer (Specify)			
	1)	1 .1 .6				(G :	1\ 1	4 6 11		
For Medical (Surgic			• •				•	ver the following question.		
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	is quest	ion was answered y	es, complete the following questions.		
Was the fetus give	n the bes	t opportunity to surv	rive?		Was the fet	us givei	n the best opportuni	ty to survive?		
☐ Yes [	☐ No					Yes [	No			
			regnant woman had a con ious impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?			<b></b>	- 8	woman?	F-				
Date last normal me	-	an KNOWN	Physici	an estimate	e of gestation (i	in week:	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat			on age determined?		8			6		
SONOGRAM										
Γ										
Full name of physics WALTER THOMA	_	-								
1 7	•	·	mber and street, city, sta	te, and zip	code)					
3607 WEST 10TH	STREE	T SUITE 2B, INDIA	ANAPOLIS, IN 46222							
**Date Reported	to DCS	. if Patient under 1	6 (month, day, year):							
_								_		
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/12/2018					_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t	town, of pregna	cy termination					
Patient's age**	Marrie	rd l	Date of pregnancy term	nination	Educat	tion					
30	_	Yes No	05/31/20			Н		ool Diploma or GE	D		
Race American Indian Native Hawaiian	or Othe		Asian Blace Other		an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	1 s terminations			Number of ind		0 inations			
Other Termination	15.	•	ation. If more than six (6	() those m	ost recent )	- Training of Ind		1			
1. <b>2013</b>	2		3	**	,	5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■ N	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:			D	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Yes •	No	ii viaoie, inedicai	reason for termination.			□ I	☐ Infection ☐ Retained Products				
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?  • Yes	No	CHORIONIC VIL	LI & FETAL PARTS			Did this	s terminati	on of pregnancy resu	It in a maternal death?		
						☐ Yes			n in a maternar deaur.		
			Туро	e of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu				(Nonsurgical) N							
Medical (Nonst				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgional Control Contro						(Surgical) Sucti					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other					
	,	(op 95)				(~)	(~F95)				
	-1)	.1			FM-4:1/	(C		d f-11			
For Medical (Surgic			0 1					ver the following que			
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give	n the bes	st opportunity to surv	ive?		Was the fetu	us given the best	opportuni	ty to survive?			
☐ Yes [	☐ No				_ Y	Yes No					
			regnant woman had a contous impairment to the p					hat the pregnant won			
woman?	roccaure	to avert death of ser	tous impairment to the p	regnant	woman?	u ine procedure t	o avert de	atii or serious impairi	nent to the pregnant		
Date last normal me	_		Physici	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		3/2018  e and post fertilization	n age determined?		9			7			
SONOGRAM			- 								
Full name of physics	_	-									
			mber and street, city, sta	te, and zip	code)						
3607 WEST 16TH	STREE	T STE. 20, INDIAN	APOLIS, IN 46222								
wwD . D		·CD									
_			6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/12/2018					_			

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Facility Name and A CLINIC FOR WOMEN - 360		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregnat	ncy termination	County of pregnancy termination MARION			
Patient's age**		1	Date of pregnancy term	nination	Educat	ion				
27	Marrie [	Yes I No	05/31/20		Lucai		igh Scho	ool Diploma or GED		
Race American Indiar Native Hawaiiar Live Births:	or Othe		☐ White ☐ Oth		an American	Unknown Number now do	■ Not	anic or Latino Hispanic or Latino  Unknown		
Other Termination	ns. N	fumber of spontaneou	2 as terminations			Number of indu	iced term			
		ot include this termin	0 ation. If more than six (0	6), those m	ost recent.)			2		
1. UNKNOWN		UNKNOWN	3		4	5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:			■ N	1	cation(s) of Pregnancy Termination  Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:				Iemorrhag	ge Cervical Laceration		
☐ Yes ■	No				☐ Infection ☐ Retained Products					
							Other (Spe	cify)		
Pathological examin performed?	nation	If yes, results:								
■ Yes	No	CHORIONIC VIL	LI & FETAL PARTS			Did this		on of pregnancy result in a maternal death?		
	Type of Terminatio									
D			Тур	e of Termi			=			
Procedure that Term						ocedure that Teri				
Medical (Nonsu				(Nonsurgical) M (Nonsurgical) M						
Medical (Nonst					Medical (Nonsurgical) Other (Specify)					
Medical (Surgio					Medical	(Surgical) Suction	on Curetta	nge _		
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Mens (Surgical) Other				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question		For Medical (	Surgical) proced	ures ansv	ver the following question.		
	_		age at least 20 weeks?							
Was the fetus viab  ☐ Yes [		e a post tertifization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	ete the following question	ons.	If the previous question was answered yes, complete the following questions.					
Was the fetus give	n the be	st opportunity to surv	ive?		Was the fetu	is given the best	opportuni	ty to survive?		
☐ Yes [	☐ No					es □ No				
			regnant woman had a co- lous impairment to the p					that the pregnant woman had a condition ath or serious impairment to the pregnant		
					l					
Date last normal me	_	an /14/2018	Physici	an estimat	e of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)  4		
How were the gestat		e and post fertilization	n age determined?		<del>-</del>			<u> </u>		
SONOGRAM										
Full name of physic	ian nerfo	rming termination								
RAYMOND E. RO	_	-								
	ddress of physician performing termination (number and street, city, state, and zip code)									
3607 WEST 16TH	07 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222									
**Date Reported	to DCS	if Patient under 1	6 (month, day, year): _							
_			year):					_		

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregna			County of pregnancy termination  MARION			
Patient's age**	М.	a	Date of pregnancy term	nination	Educa	tion					1
23	Marrie	d ☐ Yes ■ No	05/31/20		Lauca		н	igh Scho	ol Diploma o	r GE	<b>)</b>
Race American Indian Native Hawaiian	or Othe		Asian Blace Oth		can American		iknown oer now d	■ Not H	nic or Latino Hispanic or Lat	ino	Unknown
Live Births:			2			- 1,		uced termin	0		
Other Termination	15.	umber of spontaneou	0			Numt	per of indi	ucea termir	nations 0		
Dates of termination	is (Do no		ation. If more than six (6				5		6		
Fetus delivered alive		If yes, length of ti			*			Complic	ation(s) of Pre	gnancy	Termination
☐ Yes ■	No						■ N	None		Uterin	e Perforation
								Hemorrhage	е П	Cervic	al Laceration
Fetus viable?  Yes	No	If viable, medical	reason for termination:					nfection		Retain	ed Products
	110								_	retum	ed Froducts
Pathological examin	ation	If yes, results:						Other (Spec	uJy)		
performed?	iation										
■ Yes □	No	CHORIONIC VIL	LI & FETAL PARTS				Did this			y resul	t in a maternal death?
<u>I</u>		1									
			Тур	e of Termi	nation Procedu	res					
Procedure that Term	inated P	regnancy			Additional Pr	rocedure	e that Ter	minated Pr	egnancy		
☐ Medical (Nonsu								//////////////////////////////////////			
Medical (Nonsurgical) Misoprostol								Aisoprostol Other (Speci			
	8,	( <u>x</u> <u>35</u> )				(	8,	(-1	357		
Madianl/Sumi	1\ C	i C				(C:-	-1) C4:	C			
	cal) Mer	strual Aspiration			☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, answ	er the followir	ng ques	tion.
Was the fetus viab		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						20 weeks?
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	is quest	ion was a	nswered ye	es, complete th	e follo	wing questions.
Was the fetus give ☐ Yes [		st opportunity to surv	rive?			us givei Yes [		opportunit	y to survive?		
What was the basis	s for dete	ermination that the pr	regnant woman had a co	ndition	What was t	he basis	for deter	mination th	nat the pregnar	nt wom	an had a condition
that required the pr			ious impairment to the p		that require						nent to the pregnant
woman?					woman?						
			1 =				,				
Date last normal me		an 14/2018	Physici	an estimat	te of gestation (a	ın week:	s)	Post fer	rtılızation age	of the f	fetus (in weeks)
How were the gestat	ional ag	e and post fertilization	on age determined?								
SONOGRAM											
[ <del>- "</del>											
Full name of physici RAYMOND E. RO											
			mber and street, city, sta	ite, and zip	code)						
3607 WEST 16TH	STREE	T STE. 20, INDIAN	IAPOLIS, IN 46222								
_			6 (month, day, year): _						-		
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/12/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad CLINIC FOR WOMEN - 3607		6TH STREET SUITE B2, IN	IDIANAPOLIS, IN	46222	City or to	City or town, of pregnancy termination  INDIANAPOLIS				County of pre	gnancy ter	
						HUM	., ., JL			<u> </u>	WAINIO	· <del>·</del>
26	Marrie [	ed Yes • No	Date of pregna	ancy termin 05/31/2018		Educa	ntion	н		ol Diploma o	GED	
Race American Indian o Native Hawaiian o		-	Asian White	■ Black □ Other		n American	☐ Un	known		y anic or Latino Hispanic or Lati	no [	☐ Unknown
Live Births:	N	umber now living	1				Numb	er now d	eceased	0		
Other Terminations:	: N	umber of spontaneous	s terminations				Numb	er of ind	uced termi	nations 0		
Dates of terminations												
Fetus delivered alive?		If yes, length of tin			4.			5	Compli	cation(s) of Preg	nancy Ter	mination
Yes N		if yes, length of thi	ne retus survivo	cu.				■ N		_	Jterine Per	
								_	Hemorrhag		Cervical La	
Fetus viable?  ☐ Yes ■ N	· a	If viable, medical r	eason for term	ination:							Retained P	
l les l N	O							_	nfection	_	Ketained P	roducts
Pathological examinat	tion	If you mosulte.							Other (Spe	cify)		
performed?		If yes, results:										
■ Yes □ N	lo	CHORIONIC VILL	_1					Did this			result in a	maternal death?
							l					
				Туре	of Termina	ation Procedu	res					
Procedure that Termin	nated P	regnancy				Additional P	rocedure	that Ter	minated P	regnancy		
☐ Medical (Nonsur		☐ Medical	(Nonsu	rgical) M	lifepriston	e						
☐ Medical (Nonsur☐ Med		Medical	(Nonsu	rgical) M	Aisoprosto Other (Spec	1						
	<i>6</i> ··· <i>7</i>	(-1-33)						6 /	(1	327		
■ Medical (Surgica	ıl) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge ge		
	ıl) Mei	nstrual Aspiration				■ Medical	(Surgic	al) Mens	strual Aspi	ration		
Medical (Surgica	il) Oth	er ( <i>Specify</i> )				Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical	l) proce	edures, answer the following	lowing question	on.						ver the following	•	
Was the fetus viable ☐ Yes ■		e a post fertilization a	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						eeks?
If the previous question	on was	answered yes, comple	ete the followir	ng question	s.	If the previou	ıs questi	on was a	nswered y	es, complete the	following	questions.
Was the fetus given ☐ Yes ☐		st opportunity to survi	ve?				us given Yes [		opportuni	ty to survive?		
		i		1	1:4:			_		1	1.	. 4 4:4:
that required the pro		ermination that the pro to avert death or serio				that require				hat the pregnant ath or serious in		
woman?						woman?						
Date last normal mens	200 h -	an		Dhyala!-	actimat.	of gestation (	inL	.)	Doot f	rtilization age o	f the fee	(in weeks)
	04/	19/2018				6	weeks		1 081 16		4	in weeks)
How were the gestation	onal ag	e and post fertilization	age determine	ed?	_	_		_	_		_	
SUNUGRAW												
Full name of physicia	n perfo	rming termination										
RAYMOND E. ROB					, .							
Address of physician 3607 WEST 16TH S	_	-			, and zip c	rode)						
**Date Reported to	DCS	, if Patient under 10	6 (month, day,	year):						_		
DATE RECEIVE	D BY	ISDH (month, day, y	vear):06/12/2	2018						_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 36		6TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or	town, of pregna	•		County of pregnancy termination MARION		
Γ=	1		- a		Γ_					
Patient's age** 26	Marrie [	d Yes • No	Date of pregnancy term 05/31/20		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Blac  ■ White ☐ Other		an American	☐ Un		y anic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	N	umber now living	1			Numb	ber now deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0			Numb	ber of induced termi	nations 1		
Dates of termination UNKNOWN	ns (Do no	t include this termin	ation. If more than six (6	), those m	ost recent.)					
Fetus delivered alive	2 a?	If was langth of ti	me fetus survived:		4		5	cation(s) of Pregnancy Termination		
Yes •		ii yes, iengui oi u	me retus surviveu.				■ None	Uterine Perforation		
								<u> </u>		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag			
☐ Yes ■	No				☐ Infection ☐ Retained Products					
		70 1					Other (Spe	cify)		
Pathological examin performed?	ation	If yes, results:								
■ Yes □	No	CHORIONIC VIL	.LI				Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?		
			Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedur	e that Terminated P	regnancy		
Medical (Nonsi					☐ Medical	(Nonsu	rgical) Mifepristor	e		
☐ Medical (Nons) ☐ Medical (Nons)					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro	cal) Suct	tion Curettage			☐ Medical	(Surgic	cal) Suction Curetta	ge		
☐ Medical (Surgion	cal) Mer	strual Aspiration				(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
☐ Medical (Surgion	cai) Oui	ы (эресцу)			Wiedicai	(Surgic	cai) Ouiei (specijy)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	Surgica	al) procedures, ansv	ver the following question.		
	le or hav No	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	vive?			us givei Yes [	n the best opportuni	ty to survive?		
		ermination that the n	regnant woman had a con	ndition	_	_	_	hat the pregnant woman had a condition		
			ious impairment to the pr		that require			ath or serious impairment to the pregnant		
woman?					woman?					
Date last normal me	nses hea	an	Physicia	an estimat	e of gestation (i	n wool	s) Post fe	ertilization age of the fetus (in weeks)		
	04/	12/2018		ostiiliat	6	WEEK	1 031 10	4		
How were the gestar SONOGRAM	tional age	e and post fertilization	on age determined?							
JUNUURAW										
Full name of physic	ian perfo	rming termination								
RAYMOND E. RO	BINSO	N								
* *	•	_	mber and street, city, stat IAPOLIS, IN 46222	te, and zip	code)					
		,								
**Date Reported	to DCS	, if Patient under	16 (month, day, year):					-		
DATE RECEIVI	ED BY 1	ISDH (month, day,	year): 06/12/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)	Sate   No   Object   Obje
State	State   Stat
American Inclusion of Alasaba Native   White   Other Policy (Inclusions	American Indian or Alaska Native
Sumber toor deceased   Other Terminations   Number of symmetric part of traininations   Number of symmetric part of symmetric part of traininations   Number of symmetric part of symm	Live Births:   Number now living   3
Other Terminations    Pales of servinarians (**) note include that continuous and protect that is a maternation (**) note most recent.)	Other Terminations:       Number of spontaneous terminations 1       Number of induced terminations 0         Dates of terminations (Do not include this termination. If more than six (6), those most recent.)       5
Dates of exeminations (the new include this termination.) # more than six (th), those more recent;    Complication(s) of Pregnancy Termination   None   Uterine Perforation   None   Uterine None   None   Uterine None   No	Dates of terminations (Do not include this termination. If more than six (6), those most recent.)  1. UNKNOWN 2. 3. 4. 5. 6. Complication(s) of Pregnancy Termination  Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  None Uterine Perforation  Hemorrhage Cervical Laceration  Infection Retained Products  Other (Specify)  Pathological examination performed?  Yes No  CHORIONIC VILLI & FETAL PARTS  Did this termination of pregnancy result in a maternal death yes No
Form delivered alive?    Yes   No	Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  None  Uterine Perforation  Hemorrhage  Cervical Laceration  Infection  Retained Products  Other (Specify)  Pathological examination performed?  Yes No  Pathological examination  Did this termination of pregnancy result in a maternal death  Yes No
Ves   No	Yes   No   None   Uterine Perforation
Series viables   Series   Se	Fetus viable?    Yes   No
Fetus visible?   No	Fetus viable?  Yes No  If viable, medical reason for termination:  Infection Retained Products  Other (Specify)  Pathological examination performed?  Yes No  CHORIONIC VILLI & FETAL PARTS  Did this termination of pregnancy result in a maternal death Yes No
Other (Specify)   Procedures   If yes, results:   Other (Specify)   Other (Specify	Pathological examination performed?  Yes No CHORIONIC VILLI & FETAL PARTS  Other (Specify)  Did this termination of pregnancy result in a maternal death No
Pathological examination   If yes, results:	Pathological examination performed?  Pathological examination performed?  Pathological examination performed?  CHORIONIC VILLI & FETAL PARTS  Did this termination of pregnancy result in a maternal death No
CHORIONIC VILLI & FETAL PARTS   Did this termination of pregnancy result in a maternal death?   Ves   No   No   No   No   No   No   No   N	performed?  Performed?  Performed?  Pid this termination of pregnancy result in a maternal death Yes No
Type of Termination Procedures   Procedure that Terminated Pregnancy   Additional Procedure to Additional Procedure (Nonsurgical) Mistoprated   Additional Procedures answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Procedure (Nonsurgical) Procedures answered yes, complete the following questions.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Procedure that required the procedure to avert death or serious impairment to the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Preparative that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman had a condition that required the procedure to avert death or serious impairment to the preg	Yes No CHORIONIC VILLI & FETAL PARTS  Did this termination of pregnancy result in a maternal death Yes No
Type of Termination Procedures    Additional Procedure that Terminated Pregnancy   Medical (Nonsurgical) Misoprosto   Medical (Nonsurgical) Misoprosto   Medical (Nonsurgical) Disposso   Medical (Nonsurgical) Disposso   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Disposso   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Disposso   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Disposso   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Disposso   Medical (Surgical) D	
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Meastral Aspiration   Medical (Surgical) Saction Curettage   Medical (Surgical) Meastral Aspiration   Medical (Surgical) Other (Specify)	Type of Termination Procedures
Medical (Nonsurgical) Mistepristone   Medical (Nonsurgical) Medical (Nonsurgical) Medical (Nonsurgical) Medical (Nonsurgical) Medical (Nonsurgical) Medical (Nongical) Medical (Nongic	
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Medical (Surgical) Other (Specify)   Medical (Surgical) Procdures, answer the following upon other (Surgical) Procdures, answer the following upon other (Surgical) Procdures, answer the following upon other (Surgical) Proc	Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy
Medical (Nonsurgical) Other (Specify)	
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Procedures, answer the following question.   Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes	Medical (Surgical) Suction Curettage
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Yes No  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Physician estimate of gestation (in weeks)  To Union the post fertilization age of the fetus (in weeks)  To Union the fetus (in weeks)  To Sonogram  Physician estimate of gestation (in weeks)  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspiration
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   To the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   To the pregnant woman?  Full name of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	Medical (Surgical) Other ( <i>specify</i> )
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No   No   The previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   To the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)   To the pregnant woman?  Full name of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
Yes   No   No   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   Yes   Yes   No   Yes   Yes   No   Yes   Ye	For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.
Was the fetus given the best opportunity to survive?    Yes   No     Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    Date last normal menses began   Physician estimate of gestation (in weeks)   7   5     How were the gestational age and post fertilization age determined?   SONOGRAM     Full name of physician performing termination     RAYMOND E. ROBINSON     Address of physician performing termination (number and street, city, state, and zip code)     3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O4/2018  Physician estimate of gestation (in weeks)  O4/2018  Post fertilization age of the fetus (in weeks)  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Date last normal menses began  O4/2018  Physician estimate of gestation (in weeks)  7  SONOGRAM  Post fertilization age of the fetus (in weeks)  5  How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
that required the procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The procedure to avert death or serious impairment to the pregnant woman?  The pro	
Date last normal menses began  O4/2018  Physician estimate of gestation (in weeks)  T  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	woman? woman?
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
How were the gestational age and post fertilization age determined?  SONOGRAM  Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
Full name of physician performing termination  RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	SONOGRAM
RAYMOND E. ROBINSON  Address of physician performing termination (number and street, city, state, and zip code)  3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
Address of physician performing termination (number and street, city, state, and zip code) 3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222	
**Date Reported to DCS, if Patient under 16 (month, day, year):	3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222
**Date Reported to DCS, if Patient under 16 (month, day, year):	
**Date Reported to DCS, if Patient under 16 (month, day, year):	
**Date Reported to DCS, if Patient under 16 (month, day, year):	
1 · · · · · · · · · · · · · · · · · · ·	**Date Reported to DCS, if Patient under 16 (month, day, year):
DATE RECEIVED BY ISDH (month, day, year): 06/12/2018	00/40/0040

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPO	OLIS, IN 46222	town, of pregna	ncy termination	Co	County of pregnancy termination  MARION			
Patient's age**  29  Married Yes No  Date o	f pregnancy termination 05/31/2018	Educa		ligh School [	Diploma or GED	)		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	n Black or Afri	can American	Unknown	Ethnicity Hispanic Not Hisp	-	☐ Unknown		
Live Births: Number now living	3		Number now o		0			
Other Terminations: Number of spontaneous termin	0		Number of ind	luced termination	ons 3			
Dates of terminations (Do not include this termination. If 1. 08/24/2017 2. 01/25/2013 3.	more than six (6), those n	nost recent.)	5		6			
Fetus delivered alive? If yes, length of time fetus		4.	J	Complicatio	n(s) of Pregnancy	Termination		
☐ Yes ■ No			•	None	☐ Uterine	e Perforation		
				Hemorrhage	☐ Cervic	al Laceration		
Fetus viable?  If viable, medical reason for the set of	or termination:			Infection	☐ Retain	ed Products		
				Other (Specify)				
Pathological examination If yes, results:				(-133)				
performed?  Pyes No CHORIONIC VILLI & FE	TAL PARTS		Didthi	a tampination a	f mma am am avy ma avy 16	in a matamal daath?		
			Did thi		pregnancy result	in a maternal death?		
	Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Ter	rminated Pregn	ancy			
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical) N					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suct	ion Curettage				
☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspiratio	n			
Medical (Surgical) Other (Specify)		Medical	(Surgical) Othe	а (Зресіју)				
						_		
For Medical (Surgical) procedures, answer the following	question.	For Medical	(Surgical) proceed	dures, answer th	ne following ques	tion.		
Was the fetus viable or have a post fertilization age at le  ☐ Yes ■ No	ast 20 weeks?		us viable or have Yes 🔲 No	e a post fertiliza	tion age at least 2	0 weeks?		
If the previous question was answered yes, complete the f	following questions.	If the previou	is question was a	nnswered yes, c	omplete the follow	ving questions.		
Was the fetus given the best opportunity to survive?	8 1		us given the best	-	-	8 1		
Yes No			Yes No	opportunity to	survive:			
What was the basis for determination that the pregnant						an had a condition		
that required the procedure to avert death or serious imp woman?	airment to the pregnant	woman?	d the procedure	to avert death o	r serious impairm	ent to the pregnant		
I.								
Date last normal menses began	Physician estima	te of gestation (i	in weeks)	Post fertiliz	zation age of the f	etus (in weeks)		
03/31/2018	starminad?	7			5			
How were the gestational age and post fertilization age de <b>SONOGRAM</b>	nerminea /							
Full name of physician performing termination								
RAYMOND E. ROBINSON  Address of physician performing termination (number and	d straat city state and =:	n code)						
3607 WEST 16TH STREET STE. 20, INDIANAPOLI		ο τομε)						
**Date Reported to DCS, if Patient under 16 (month	h, day, year):							
DATE RECEIVED BY ISDH (month, day, year):	06/12/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Ad CLINIC FOR WOMEN - 3607	ldress WEST 10	TH STREET SUITE B2,	INDIANAPOLIS, IN 4	City	or town, of preg	nancy ter			County of pregnan	cy termination ARION	
24	Marrie	l Yes • No		ancy termination 5/31/2018	ı Edu	cation	Н		ol Diploma or GE	D	
Race American Indian			Asian	=	frican American		,		anic or Latino		
☐ Native Hawaiian of Live Births:		mber now living	☐ White	Other			nknown ber now d		Hispanic or Latino  0	Unknown	
Other Terminations:	. Nı	ımber of spontaneou				Num	ber of ind	uced termi			
Dates of terminations	(Do no	t include this termin	ation. If more th	an six (6), those	e most recent.)				<u> </u>		
L. 2011	2.	If yes, length of ti	3	.d.	4		5	Compli	cation(s) of Pregnanc	v Termination	
Fetus delivered alive?  Yes N		ii yes, iengiii oi ti	me ietus survive	cu:			1	_	_	ne Perforation	
								Hemorrhag	_	cal Laceration	
Fetus viable?  Yes N	lo.	If viable, medical	reason for termi	nation:		☐ Infection ☐ Retained Products					
					Other (Specify)						
Pathological examinat	tion	If yes, results:					1 _	(1	- 327		
performed?	lo						Did this	s terminatio	on of pregnancy resu	Ilt in a maternal death?	
							Ye			in in a maternal death.	
				Type of Ter	mination Proced	lures					
Procedure that Termir	nated Pr	egnancy			Additional	Procedur	e that Ter	minated Pr	regnancy		
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) ■ Medical (Nonsurgical) □ Medical (Nonsurgical)											
Medical (Nonsur						Medical (Nonsurgical) Other (Specify)					
Medical (Surgica Medical (Surgica								on Curetta strual Aspi			
Medical (Surgica					☐ Medic	al (Surgio	cal) Othe	r (Specify)			
For Medical (Surgical	l) proce	dures, answer the fo	llowing question	1.	For Medica	l (Surgic	al) proced	lures, answ	ver the following que	estion.	
Was the fetus viable ☐ Yes ☐	_	e a post fertilization	age at least 20 v	veeks?		etus viab Yes [		a post fert	tilization age at least	20 weeks?	
If the previous question	_	answered ves comp	lete the followin	g auestions		_	_	nswered v	es, complete the follo	owing questions	
Was the fetus given				g questions.		_			ty to survive?	swing questions.	
Yes		opportunity to surv	AIVC:			Yes [		оррогини	ty to survive:		
What was the basis that required the pro									hat the pregnant wor	nan had a condition ment to the pregnant	
woman?	occure	to avert death of ser	rous impunition	to the pregnant	woman?	red the p	i occurre i	o avert dec	an or serious impair	ment to the pregnant	
Date last normal mens	_	nn 01/2018		Physician estir	nate of gestation	(in week	es)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestation			on age determine	ed?					<u> </u>		
SONOGRAM											
Full name of physicia	n perfo	ming termination									
RAYMOND E. ROB	BINSON	I									
Address of physician 3607 WEST 16TH S					zip code)						
**Date Reported to	DCS,	if Patient under 1	6 (month, day,	year):					_		
DATE RECEIVE	n DV I	SDH (month day	vear). 06/12/2	2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	EORGETOWN ROA	D, INDIANAPOLIS, IN, 462	City of	r town, of pregna	ancy teri		County of pregnancy termination  MARION				
Dationt's ag-**	·		Data of man	torminati	Educa	ntio-					
Patient's age**  36	Married	Yes No	Date of pregnancy <b>05/29</b>	/2018	Educa	шоп	Bach	nelor's Degree			
Race American Indiar Native Hawaiiar Live Births:	n or Other Pa			Black or Afr Other	ican American			y anic or Latino Hispanic or Latino			
Other Termination	Numb	per of spontaneo	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	ns (Do not inc		nation. If more than s								
Fetus delivered alive			me fetus survived:		4		Complie	cation(s) of Pregnancy Termination  Uterine Perforation			
							☐ Hemorrhag	te Cervical Laceration			
Fetus viable?  Yes		viable, medical	reason for termination			☐ Infection	Retained Products				
	110						Other (Spec	_			
Pathological examin	nation If	yes, results:					Other (Spec	ugy)			
performed?		,,			Did this termination of anomana result in a motornal death						
☐ Yes ■	No				Did this termination of pregnancy result in a maternal deal  Yes No						
			ŗ	Гуре of Tern	nination Procedu	res					
Procedure that Term	ninated Pregn	nancy			Additional P	rocedure	e that Terminated P	regnancy			
Medical (Nonsu							rgical) Mifepriston				
Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec				
Medical (Surgional Control Contro	cal) Suction	Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
Medical (Surgio	cal) Menstru	al Aspiration			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration			
i Wedicai (Surgio	car) Other (E	<i>вресцу)</i>			Wiedical	(Surgic	ai) Other (Specify)				
For Medical (Surgic					For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab ☐ Yes [		post fertilization	age at least 20 weeks	s?		us viabl Yes [		tilization age at least 20 weeks?			
If the previous quest	tion was ansv	wered yes, comp	lete the following qu	estions.	If the previou	ıs quest	ion was answered y	es, complete the following questions.			
Was the fetus give	n the best on	portunity to sur	vive?		Was the fet	us givei	n the best opportuni	ty to survive?			
☐ Yes [		F				Yes [		.,			
			regnant woman had a					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	rocedure to a	ivert death of ser	ious impairment to u	ie pregnam	woman?	d the pi	ocedure to avert dea	an of serious impairment to the pregnant			
Date last normal me	-	2040	Phy	sician estima	ate of gestation (	in week:	s) Post fe	ertilization age of the fetus (in weeks)			
How were the gestat	04/06/2		on age determined?		8			6			
ULTRASOUND		1									
	_			_							
Full name of physics		ng termination									
_		termination (nu	mber and street, city,	state, and z	ip code)						
8590 GEORGETO	WN ROAD,	INDIANAPOL	IS, IN 46268								
_			16 (month, day, year,					-			
DATE RECEIVE	ED BY ISD	H (month, day,	year):					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION			
	T			1						
Patient's age** 26	Married Yes No	Date of pregnancy term 05/29/201		Educa	tion		ociate Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		n American	☐ Un		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	3			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 1			
	ns (Do not include this termin	•		st recent.)						
1. 2014 Fetus delivered alive		me fetus survived:	4	l		5Complie	eation(s) of Pregnancy Termination			
Yes •	3,	me ietus surviveu.				■ None	Uterine Perforation			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:		Hemorrhage Cervical Lacerati						
☐ Yes ■	No			☐ Infection ☐ Retained Products						
						Other (Spec	ify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No					Did this termination  Yes No.	on of pregnancy result in a maternal death?			
	l									
		Туре	of Termin	ation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)			
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			■ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
iviedicai (Surgi	cai) Other ( <i>specify</i> )			☐ Medicai	(Surgic	an) Omer (specify)				
					(G :	1\ 1	4.01			
	cal) procedures, answer the fo					_	er the following question.			
Was the fetus viab ☐ Yes ☐	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ons.	If the previou	s questi	ion was answered yo	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us giver Yes [	the best opportunit	y to survive?			
			11.41	_		_				
that required the p	s for determination that the p rocedure to avert death or ser			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
		T				, 1 -				
Date last normal me	onses began 03/01/2018	Physicia	an estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  10			
	tional age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAITLIN BER	NARD									
	n performing termination (nu		te, and zip	code)						
0000 GEURGEIU	WN ROAD, INDIANAPOL	IO, IIN 40200								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					_			
_	ED BY ISDH (month, day,						_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination  MARION				
Patient's age**	Marrie		Date of pregnancy term		Educa	tion					
22		Yes No	05/17/201	18				ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Othe		Asian Blac White Othe		n American	Numb	known Not loer now deceased	anic or Latino Hispanic or Latino			
Other Termination	s: N	Tumber of spontaneou	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	s (Do no		ation. If more than six (6,	), those mo	st recent.)		5.	6.			
Fetus delivered alive	e?	If yes, length of ti			*		Complie	cation(s) of Pregnancy Termination			
☐ Yes ■	No						■ None	☐ Uterine Perforation			
							Hemorrhag	ee Cervical Laceration			
Fetus viable?	<b>.</b> T	If viable, medical	reason for termination:								
☐ Yes ■ 1	No				☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
Yes •						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?				
					_						
			Туре	of Termin	ation Procedu	res					
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	ie			
☐ Medical (Nonsu ☐ Medical (Nonsu							rgical) Misoprosto rgical) Other (Spec				
Wedicar (140iist	iigicai)	Other (Specify)			Wicalcan	(1vonsu	rigicar) Other (spec	-037			
Medical (Surgio		tion Curettage nstrual Aspiration					eal) Suction Curetta eal) Menstrual Aspi				
Medical (Surgio							cal) Other (Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab	le or hav	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [		•				Yes [	☐ No				
If the previous quest	ion was	answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus given ☐ Yes ☐		st opportunity to surv	rive?			us giver Yes [	n the best opportuni  No	ty to survive?			
What was the basis	s for det	ermination that the n	regnant woman had a con	dition	What was th	ne hasis	for determination t	hat the pregnant woman had a condition			
that required the pr			ious impairment to the pr		that require			ath or serious impairment to the pregnant			
woman?					woman?						
			T	L							
Date last normal me	-	gan /16/2018	Physicia	ın estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks) 7			
How were the gestat			on age determined?					•			
ULTRASOUND											
Full name of physici DR. CAROL DELL	-	-		_							
			mber and street, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	DIANAPOLIS, IN 40	5225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 06/12/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	Cit	City or town, of pregnancy termination  BLOOMINGTON					County of pregnancy termination  MONROE				
Patient's age**	Marri		Date of pregnancy		ion E	Educa	tion		D'	alawis De			
Race	l	Yes No		8/2018	A fining :- A				Ethnicity		'		
American Indian Native Hawaiian	or Oth		Asian White	Other	African Americ	can		known er now d	Not I	nic or Latin Hispanic or I		Unknov	wn
Live Births:		Number of spontaneou	1 as terminations						uced termin	<b>0</b> nations			
Other Termination  Dates of termination	15.	ot include this termin	2	six (6), tho	ose most recent.	)				0			
1. 2015			3		4	-		5	C 1'	· () CI	6	T:	
Fetus delivered alive		If yes, length of ti	me fetus survived:					<b>1</b>	None	ation(s) of I	_	y Termination e Perforation	
									vone Hemorrhage		_	al Laceration	
Fetus viable?  Yes	No	If viable, medical	reason for terminati	ion:					nfection	, <u>г</u>		ed Products	
					_	Other (Spec	rify)						
Pathological examin	ation	If yes, results:				_	` 1	337					
performed?  Yes					Did this	s terminatio	on of pregna	ncy resul	t in a maternal	death?			
						☐ Ye	s 🔳 No	)					
				Type of T	Termination Pro	cedin	res						
Procedure that Term				that Ter	minated Pr	egnancy							
Medical (Nonsu	urgical)	Mifepristone							//////////////////////////////////////				
Medical (Nonsu Medical (Nonsu									Aisoprostol Other ( <i>Spec</i>				
Medical (Surgio									on Curetta				
Medical (Surgion Medical (Surgio		enstrual Aspiration ner (Specify)							strual Aspii r ( <i>Specify</i> )	ration			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Med	lical (	Surgica	l) proced	lures, answ	er the follow	wing ques	tion.	
Was the fetus viab		ve a post fertilization	age at least 20 week	cs?	Was th	Was the fetus viable or have a post fertilization age at least 20 weeks?							
		answered yes, comp	lete the following qu	uestions.	If the pr	_	_	_	nswered ye	es, complete	the follo	wing questions	
		est opportunity to surv	rive?		Was th				opportunit	y to survive	?		
☐ Yes [							Yes [	_					
that required the pr		termination that the pre- te to avert death or ser			ant that re	quire						an had a condi- nent to the preg	
woman?					woman	n'?							
Date last normal me	nses be	gan	Ph	ysician est	timate of gestat	ion (i	n weeks	:)	Post fe	rtilization aş	ge of the	fetus (in weeks)	)
	UN	IKNOWN ge and post fertilization			6						4		
ULTRASOUND	onar aş	oo ana post teruitzauc	n age determined?										
Full name of physicion DR. CAROL DELL													
1 .		ming termination (nu		y, state, an	nd zip code)								
200 S. WEKIDIAN	ı, INI	DIANAPOLIS, IN 46	) <u></u>										
_		S, if Patient under 1								_			
DATE RECEIVE	ED BY	ISDH (month, day,	year):	-						_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Adprin-georgetown or (i	City or to	y or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION						
						INDIAI	NAPUL	.13			WAK	UN
Patient's age** 27	Mar	ried No	Date of pregna	ancy termin 05/24/2018		Educa	tion			ociate Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	n American	 ☐ Un	known		/ anic or Latino Hispanic or Lati	no	☐ Unknown
Live Births:		Number now living	1				Numb	er now d		0		
Other Terminations	i:	Number of spontaneous	terminations 0				Numb	er of ind	uced termi	nations 0		
		not include this terminat	,			,	ı					
Fetus delivered alive		If yes, length of time			4	•		5	Complia	cation(s) of Preg	gnancy T	`ermination
Yes N		if yes, length of this	e retus survivo	cu.				■ N		_		Perforation
								_ □ 1	Hemorrhag	— e П (	Cervical	Laceration
Fetus viable?  Yes N	Jo	If viable, medical re	ason for term	ination:		☐ Infection ☐ Retained Products						
									Other (Spec	_	· · · · · · · · · · · · · · · · · · ·	110000
Pathological examina					outer (Spec	, y )						
performed?		If yes, results:						D:141			1. 1	11.10
i ies i i								Did this			result 1	n a maternal death?
				Type o	of Termin	ation Procedu	res					
Procedure that Termi		Additional Pr	rocedure	that Ter	minated Pr	regnancy						
Medical (Nonsur						☐ Medical	(Nonsu	rgical) M	lifepriston	e		
Medical (Nonsur Medical (Nonsur		) Misoprostol ) Other ( <i>Specify</i> )				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)									on Curetta			
☐ Medical (Surgication Medical (Surgication)		Ienstrual Aspiration other (Specify)							strual Aspi r (Specify)	ration		
For Medical (Surgica	1) pro	ocedures, answer the follo	owing question	n.		For Medical	(Surgica	ıl) proced	lures, answ	ver the following	g guestic	on.
	_	ave a post fertilization as				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yus the lettes viable			J 10001 20 1				Yes [			on ago at	2 20	
If the previous question	on w	as answered yes, complete	te the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered yo	es, complete the	followi	ng questions.
Was the fetus given ☐ Yes ☐		pest opportunity to surviv	ve?				us giver Yes [		opportuni	ty to survive?		
			anant woman	had a acad:	ition	_			mination f	hat the process	Homo	had a condition
that required the pro		etermination that the pre- are to avert death or serio				that require						had a condition at to the pregnant
woman?						woman?						
Date last normal men	sec L	egan	ı	Physician	estimato	of gestation (a	in waal-	r)	Post fo	rtilization age o	of the fet	us (in waaks)
	ι	NKNOWN				13	weeks	· <i>)</i>	1 081 16	age C	11	us (in weeks)
How were the gestation	onal	age and post fertilization	age determine	ed?								
CETRAGOUND												
Full name of physicia	an pe	forming termination										
DR. CAROL DELLI			har and street	t oits state	and =:=	coda)						
	-	orming termination (num. NDIANAPOLIS, IN 462		, cuy, siate,	ини zip	Loue)						
_		CS, if Patient under 16								_		
DATE RECEIVE	D B	Y ISDH (month, day, ye	ear):06/12/2	2018						_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or to	own, of pregna	ncy terminatio	on	County of pregnancy termination  MARION					
36	ancy termination 05/25/2018	Educa	tion		llege, No Degree					
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	Black or Africa	nn American	Unknown	■ Not H	nic or Latino Iispanic or Latino	☐ Unknown				
Live Births: Number now living 2					0					
Other Terminations: Number of spontaneous terminations 0			Number of it	nduced termir	nations 0					
Dates of terminations (Do not include this termination. If more the	nan six (6), those mo	ost recent.)	5		6					
Fetus delivered alive? If yes, length of time fetus survive	ed:	t		Complic	ation(s) of Pregnancy	Termination				
☐ Yes ■ No				None	☐ Uterino	e Perforation				
			— П	Hemorrhage	e $\square$ Cervic	al Laceration				
Fetus viable?  If viable, medical reason for termi  Yes No	ination:			Infection	_	ed Products				
					_	ed Froducts				
Pathological examination If yes, results:			_	Other (Spec	ijy)					
performed?										
☐ Yes ■ No			Did t			in a maternal death?				
	Type of Termin	nation Procedur	res							
Procedure that Terminated Pregnancy		Additional Pr	ocedure that T	erminated Pro	egnancy					
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgical)	Mifepristone	2					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprostol						
Medical (vonsuiglear) Other (spectyy)		iviculear	(Ivonsurgical)	Other (Speci	<i>(197</i> )					
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) Su (Surgical) Mo	enstrual Aspir	ge ration					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Ot	ner (Specify)						
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) prod	edures, answ	er the following ques	tion.				
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	weeks?		ıs viable or ha ∕es □ No	ve a post ferti	ilization age at least 2	0 weeks?				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered ye	s, complete the follow	wing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the bo	est opportunit	y to survive?					
What was the basis for determination that the pregnant woman					nat the pregnant wom					
that required the procedure to avert death or serious impairment woman?	t to the pregnant	that required woman?	d the procedur	e to avert dea	th or serious impairm	ent to the pregnant				
Date last normal menses began	Physician estimate	of gestation (i	n weeks)	Post fer	rtilization age of the f	etus (in weeks)				
04/02/2018		7	<i>,</i>		5	, ,				
How were the gestational age and post fertilization age determine ULTRASOUND	ed?									
Dell grows of short to the state of the stat										
Full name of physician performing termination  DR. CAROL DELLINGER										
Address of physician performing termination (number and street,	, city, state, and zip	code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 16 (month, day,	year):									
DATE RECEIVED BY ISDH (month, day, year): 06/13/2	2018				-					

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add		B590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 462	City or	ry or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination  MARION		
Patient's age**	Marri	ed No	Date of pregnancy t		Educa	tion		Some Col	lege, No D	earee		
Race American Indian o	or Ala	ska Native [	Asian III		can American	☐ Un	known	Ethnicity  Hispan	nic or Latino		☐ Unknown	
Live Births:	I	Number now living	0			Numb	er now d		0			
Other Terminations:	I	Number of spontaneou	s terminations			Numb	er of ind	uced termin	ations 0			
Dates of terminations	(Do n	ot include this termina	tion. If more than si	x (6), those n	nost recent.)							
1		2			4		5	C 1'			Termination	
Fetus delivered alive?  Yes No		If yes, length of tir	ne fetus survived:					•	ition(s) of Pr			
							• 1	None	Ц	Uterine	e Perforation	
Fetus viable?		If viable, medical r	eason for termination	n:			☐ I	Hemorrhage		Cervica	al Laceration	
☐ Yes ■ No	)				☐ I	nfection		Retaine	ed Products			
								Other (Speci	fy)			
Pathological examination performed? If yes, results:												
Yes No	0						Did this			cy result	in a maternal death	?
Type of Termination Procedures												
Procedure that Termin	ated	Pregnancy			Additional Pr	ocedure	that Ter	minated Pre	gnancy			
Medical (Nonsurger	gical)	Mifepristone			☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////				
Medical (Nonsurg	gical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
	51041)	Sinci (Specify)				(1101154	181011)	other (speed)	<i>37</i>			
	D G					·G :	1) 0 .:					
	l) Me	enstrual Aspiration			☐ Medical	(Surgic	al) Mens	on Curettag strual Aspira				
Medical (Surgical	l) Ot	her (Specify)			☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical)	) proc	edures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable ☐ Yes ☐		ve a post fertilization a	nge at least 20 weeks	?	Was the fett	us viabl Yes [		a post ferti	ization age a	it least 2	0 weeks?	
If the previous question	n wa	s answered yes, comple	ete the following que	estions.	If the previou	s questi	ion was a	nswered yes	s, complete t	he follov	ving questions.	
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?			us given Yes [		opportunity	to survive?			
that required the prod		termination that the pre e to avert death or seri			that require						an had a condition ent to the pregnant	
woman?					woman?							
Date last normal mens	es be	gan	Phys	sician estima	te of gestation (i	n weeks	s)	Post fer	ilization age	of the f	etus (in weeks)	
	04	/08/2018			6		-			4	/	
How were the gestatio ULTRASOUND	How were the gestational age and post fertilization age determined?  JLTRASOUND											
Full name of physician	nerf	orming termination										
DR. CAROL DELLIN	-	-								_		
Address of physician p		=		state, and zij	o code)							
200 S. MERIDIAN ST	ı, IN	DIANAPULIS, IN 46	<b>44</b> 0									
**Date Reported to	DC	S, if Patient under 1	6 (month, day, year)	:								

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS  - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City on	town, of pregna	ncy termination	1	County of pregnancy termination  MARION				
Patient's age** Ma	Data of mana	nancy termination	Educa	tion						
21 Ma	rried Date of pregr	05/25/2018	Educa		High Scho	ol Diploma or GED				
Race American Indian or A Native Hawaiian or C	other Pacific Islander  White	☐ Black or Afri	can American	Unknown	■ Not H	nic or Latino Iispanic or Latino   Unknown				
Live Births:	Number now living <b>0</b>			Number now	deceased	0				
Other Terminations:	Number of spontaneous terminations 0	3		Number of inc	duced termir	nations 0				
Dates of terminations (Da	o not include this termination. If more	than six (6), those n	nost recent.)							
1	2 3		4	5	G 1:	6				
Fetus delivered alive?  Yes No	If yes, length of time fetus surviv	ved:			Complic	plication(s) of Pregnancy Termination				
					None	Uterine Perforation				
Fetus viable?	If viable, medical reason for term	nination:		-	Hemorrhage	e Cervical Laceration				
Yes No	if viable, incurcal reason for term	imation.			Infection	☐ Retained Products				
					Other (Spec	ifo)				
Pathological examination	If yes, results:				Outer (Spee	937				
performed?										
☐ Yes ■ No				Did th		on of pregnancy result in a maternal death?				
☐ Yes ■ No										
Time of Tempination Procedure										
		Type of Term	ination Procedur	res						
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Te	erminated Pr	egnancy				
☐ Medical (Nonsurgica				(Nonsurgical)						
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	a) other (opecy))			(1 tollouigioui)	other (speed	997				
<ul><li>Medical (Surgical)</li><li>Medical (Surgical)</li></ul>				(Surgical) Suct (Surgical) Mer						
Medical (Surgical)			Medical	(Surgical) Oth	er ( <i>Specify</i> )	ation				
For Medical (Surgical) pr	rocedures, answer the following question		For Medical (	Surgical) proce	duras answ	er the following question.				
, 0 /1										
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 o	weeks?		ıs viable or hav Tes 🔲 No	e a post ferti	ilization age at least 20 weeks?				
		ina avastians		_	om arriana di via	a complete the following questions				
if the previous question w	vas answered yes, complete the follow	ing questions.	If the previou	s question was	answered ye	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the bes Yes   No	st opportunit	y to survive?				
		a had a aa 44'		_	mminoti- 1	not the present warmer 1-1 - 10				
that required the proced	determination that the pregnant woman ure to avert death or serious impairme		that require			nat the pregnant woman had a condition th or serious impairment to the pregnant				
woman?			woman?							
Date last normal menses	•	Physician estima	te of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)				
	UNKNOWN	10	10			8				
How were the gestational <b>ULTRASOUND</b>	age and post fertilization age determine	ned?								
JETHAJOUHD										
Full name of physician pe	erforming termination									
DR. CAROL DELLINGE	=									
	forming termination (number and stree	et, city, state, and zi	p code)							
200 S. MERIDIAN ST, I	NDIANAPOLIS, IN 46225									
**Date Reported to D	CS, if Patient under 16 (month, day	, year):				_				

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP		90 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 4626	City or	town, of pregna	•			County of pregnancy termination  MARION			
	Marrie		Date of pregnancy te		Educa	tion		<u>'</u>				
18 Race		Yes No	05/25/2				Н	Ethnicity			1	
☐ American Indian or ☐ Native Hawaiian or	Othe	r Pacific Islander	= =	lack or Afric	can American	_	known	Not H	ic or Latino spanic or L		Unknown	
Live Births:		umber now living	0				er now d		0			
Other Terminations:		umber of spontaneou	0			Numb	er of ind	uced termina	0			
Dates of terminations (.			tion. If more than six		*		5.			6.		
Fetus delivered alive?  Yes No		If yes, length of tir			Complication(s) of Pregnancy Termina  None Uterine Perfora							
Fetus viable?  ☐ Yes ■ No	1	If viable, medical r	eason for termination	:	☐ Hemorrhage ☐ Cervical Laceratio ☐ Infection ☐ Retained Products ☐ Other (Specify)							
Pathological examination performed?  Yes No Did this termination of pregnancy result in a maternal decomposition of pregnancy										in a maternal death?		
☐ Yes ■ No												
Type of Termination Procedures												
Procedure that Termina	ated D	reanancy		pe or reilli	Additional Pr		that Ta-	minatad Dea	anapev			
									gnancy			
<ul><li>Medical (Nonsurg</li><li>Medical (Nonsurg</li><li>Medical (Nonsurg</li></ul>	Misoprostol		<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>									
Medical (Surgical) Medical (Surgical) Medical (Surgical)	) Mer	strual Aspiration										
For Medical (Surgical)	proce	dures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable o		e a post fertilization a	age at least 20 weeks?		Was the fett	us viabl		a post fertil	ization age	at least 2	0 weeks?	
If the previous question	ı was	answered yes, comple	ete the following ques	stions.	If the previou	s questi	on was a	nswered yes	, complete	the follow	ving questions.	
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ve?		Was the fett	us given Yes [		opportunity	to survive?	?		
What was the basis for that required the proc woman?											an had a condition ent to the pregnant	
Date last normal mense	es beg	an	Physi	ician estima	te of gestation (i	n weeks	;)	Post fert	ilization ag	e of the f	etus (in weeks)	
How ware the gesteti-		20/2018	age determined?		9					7		
ULTRASOUND	How were the gestational age and post fertilization age determined?  JLTRASOUND											
Full name of physician DR. CAROL DELLING	-	rming termination										
Address of physician po		-		state, and zip	o code)							
	,											
**Date Reported to	DCS	, if Patient under 1	6 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION			
	1									
Patient's age** 41	Married Yes No	Date of pregnancy term 05/25/20		Educa	tion		Jnknown			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ■ Othe		an American	☐ Un		anic or Latino Hispanic or Latino			
Live Births:	Number now living	5			Numb	er now deceased	0			
Other Termination	Number of spontaneous	us terminations 0			Numb	er of induced termi	nations 1			
Dates of termination UNKNOWN	ns (Do not include this termin	ation. If more than six (6	), those mo	ost recent.)						
Fetus delivered alive	e? If yes length of ti	me fetus survived:		1		5Complie	cation(s) of Pregnancy Termination			
Yes •	, ,	me retus sur vivea.				■ None	Uterine Perforation			
						☐ Hemorrhag				
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				_	_			
☐ Yes ■	No			☐ Infection ☐ Retained Products						
D.d. 1 . 1	. To the					Other (Spec	ify)			
Pathological examir performed?	nation If yes, results:									
☐ Yes ■	No					Did this termination  ☐ Yes  No.	on of pregnancy result in a maternal death?			
	1			l						
		Туре	of Termin	nation Procedur	res					
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu: (Nonsu:	rgical) Misoprostol rgical) Other (Spec	ify)			
☐ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgi	cal) Menstrual Aspiration cal) Other (Specify)			Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
I Wedlear (Burgh	car) Other (specify)			Wiedicar	(Burgie	ar) Outer (speegy)				
	1) 1 4 6	11			· ·	1) 1	4 6 11			
	cal) procedures, answer the fo				_	-	er the following question.			
Was the fetus viab ☐ Yes	ble or have a post fertilization ☐ No	age at least 20 weeks?			us viabl Yes [		ilization age at least 20 weeks?			
If the previous ques	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?			us given Yes [	the best opportunit	ry to survive?			
_	s for determination that the p	ragnant woman had a con	dition	_	_	_	hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
Date last name1	ansas hagan	Di: *	n action -4	of coststi	n 10 a c L	D4 C	rtilization ago of the fatus (i.e.,			
Date last normal me	11/21/2017	Physicia	ııı esumate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7			
	tional age and post fertilization	on age determined?				•				
ULTRASOUND										
Full name of physic	ian performing termination									
DR. CAROL DELL	INGER									
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip	code)						
	_ , , , , , , , , , , , , ,	<del>-</del>								
**Date Reported	to DCS, if Patient under	6 (month, day, year):					-			
DATE RECEIVI	ED BY ISDH (month, day,	year):06/13/2018					_			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION				
Patient's age**	Marrie		Date of pregnancy term		Educa	tion					
Race  American Indian	or Alas		05/25/201  ☐ Asian ☐ Blac		nn American		Ethnicity	anic or Latino			
☐ Native Hawaiian		er Pacific Islander  Tumber now living	■ White ☐ Othe	er		Numb	per now deceased	Hispanic or Latino  Unknown  0			
Other Termination	s: N	Tumber of spontaneou	us terminations 0			Numb	per of induced termi	nations 0			
Dates of termination	s (Do no		ation. If more than six (6)	), those mo	ost recent.)		5	6			
Fetus delivered alive		If yes, length of ti					Complie	cation(s) of Pregnancy Termination  Uterine Perforation			
Fetus viable?	No	If viable, medical	reason for termination:				☐ Hemorrhag	Cervical Laceration  Retained Products			
							☐ Other (Spec	cify)			
Pathological examin performed?		If yes, results:			Did this termination of pregnancy result in a maternal de						
							Yes N	0			
			Туре	of Termin	nation Procedur	res					
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nonsu  Medical (Nonsu  Medical (Nonsu	Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgion Medical (Surgio	cal) Me	nstrual Aspiration			☐ Medical	(Surgic	(al) Suction Curetta (al) Menstrual Aspi (al) Other (Specify)	ration			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.			
Was the fetus viab ☐ Yes [		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following questio	ons.	If the previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			us giver Yes [	n the best opportuni No	ty to survive?			
			regnant woman had a con ious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant			
							1				
Date last normal me	-	gan /03/2018	Physicia	an estimate	of gestation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)  7			
How were the gestat ULTRASOUND	ional ag	e and post fertilization	on age determined?								
Full name of physici	_	-									
Address of physician 200 S. MERIDIAN	-	=	mber and street, city, stat 6 <b>225</b>	te, and zip	code)						
•			6 (month, day, year): year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, II	City or t	own, of pregna	ncy termina	tion	County of pregnancy termination  MARION					
	ancy termination 05/25/2018	Educa	tion	Bach	nelor's Degree					
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africa	an American	Unknov	vn Not	y anic or Latino Hispanic or Latino	☐ Unknown				
Live Births: Number now living 0				ow deceased	0					
Other Terminations: Number of spontaneous terminations 0			Number of	induced termi	inations 0					
Dates of terminations (Do not include this termination. If more th	nan six (6), those mo	ost recent.)								
Fetus delivered alive?  If yes, length of time fetus survive	ed:	4		Compli	cation(s) of Pregnancy	y Termination				
☐ Yes ■ No				None	☐ Uterin	e Perforation				
				] Hemorrhag	ge 🗍 Cervic	al Laceration				
Fetus viable?  If viable, medical reason for termi  Yes No	ination:			☐ Infection	_	ed Products				
				_	_	ed Froducts				
Pathological examination If yes, results:				Other (Spe	cijy)					
performed?										
☐ Yes ■ No				l this terminati Yes 🔳 N	on of pregnancy resul	t in a maternal death?				
	Type of Termin	nation Procedur	res							
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated P	regnancy					
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsurgica	l) Mifepristor	ne					
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgica	l) Misoprosto l) Other (Spec	ol					
Medical (tvolisuiglear) Other (speetyy)		Wiedicar	(1 volisui gica	i) Other (Spec	<i>-gy)</i>					
			(0 1 1)							
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) I	Suction Curetta Menstrual Aspi	iration					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) (	Other (Specify)						
For Medical (Surgical) procedures, answer the following question	n.	For Medical (	Surgical) pr	ocedures, ansv	wer the following ques	tion.				
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	weeks?		us viable or Yes \[ \] N		tilization age at least 2	20 weeks?				
If the previous question was answered yes, complete the followin	g questions.	If the previou	s question v	as answered y	es, complete the follo	wing questions.				
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the Yes	best opportuni	ity to survive?					
What was the basis for determination that the pregnant woman l					that the pregnant wom					
that required the procedure to avert death or serious impairment woman?	t to the pregnant	that require woman?	d the proced	ure to avert de	ath or serious impairn	nent to the pregnant				
Date last normal menses began	Physician estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)				
03/25/2018		7			5					
How were the gestational age and post fertilization age determine ULTRASOUND	ed?									
Full name of sharing a referred										
Full name of physician performing termination  DR. CAROL DELLINGER										
Address of physician performing termination (number and street,	, city, state, and zip	code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 16 (month, day,	year):									
DATE RECEIVED BY ISDH (month, day, year): 06/13/2	2018				_					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	Facility Name and Address City or town, of pregnancy termination County of pregnancy termination								
PPIN-GEÖRGETOWN OR (PPG	) - 8590 GEORGETOWN ROAD, INDIANAPO	LIS, IN, 46268		INDIANAPOLIS MARION					
Patient's age** Ma	arried Date of pr	egnancy termination 05/25/2018	Educa		igh Schoo	ol Diploma or GED			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander  White	☐ Black or Afri	can American	Unknown	Not H	nic or Latino			
Live Births:	Number now living	0		Number now do	eceased	0			
Other Terminations:	Number of spontaneous termination	ons 0		Number of indu	uced termin	ations 0			
Dates of terminations (D	o not include this termination. If mo								
Fetus delivered alive?	If yes, length of time fetus sur		4	5		ation(s) of Pregnancy Termination			
☐ Yes ■ No	y,g			■ N	None	☐ Uterine Perforation			
		п	Hemorrhage	☐ Cervical Laceration					
Fetus viable?  Yes No	If viable, medical reason for to		nfection	Retained Products					
			Other (Speci	_					
Pathological examination	ı If yes, results:		σαιοί (υρευί	) <i>))</i>					
performed?		D:1.11							
l les l No				☐ Yes		n of pregnancy result in a maternal death?			
		Type of Term	ination Procedu	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	rocedure that Terr	minated Pre	egnancy			
Medical (Nonsurgic					urgical) Mifepristone				
Medical (Nonsurgic					nsurgical) Misoprostol surgical) Other (Specify)				
Medical (Surgical)				(Surgical) Suction					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspira r ( <i>Specify</i> )	ation			
For Medical (Surgical) p	rocedures, answer the following que	stion.	For Medical	(Surgical) proced	lures, answe	er the following question.			
	have a post fertilization age at least					lization age at least 20 weeks?			
☐ Yes ■ N	10			Yes No					
If the previous question	was answered yes, complete the follo	owing questions.	If the previou	is question was a	nswered yes	s, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?			
What was the basis for	determination that the pregnant won	nan had a condition	What was t	— he basis for deter	mination th	at the pregnant woman had a condition			
	dure to avert death or serious impair					h or serious impairment to the pregnant			
woman.			woman.						
Date last normal menses	began	Physician estima	te of gestation (i	in weeks)	Post fer	tilization age of the fetus (in weeks)			
	03/26/2018	-	7	· 		5			
How were the gestationa  ULTRASOUND	l age and post fertilization age determ	mined?							
Full name of physician p	_								
DR. CAROL DELLING	<b>ER</b> forming termination (number and st	reet city state and zi	n code)						
	INDIANAPOLIS, IN 46225								
	99.100								
•	PCS, if Patient under 16 (month, a	• •							
DATE RECEIVED I	BY ISDH (month, day, year):	13/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDI							ncy termin		County of pregnancy termination MARION				
Detient?	1		Data C		_4:_	l mi	•						
Patient's age** 24	Marri	ed □ Yes ■ No	Date of pregnation 09	ncy termina 5/25/2018		Educat	Some College, No Degree						
Race American Indian Native Hawaiian Live Births:	n or Oth		Asian White	Black of Other	or Africa	n American	Unkno	own	Ethnicity Hispa Not I	anic or Latino Hispanic or Latino  Unknown			
Other Termination	ng. N	Number of spontaneou	us terminations				Number of induced terminations						
		ot include this termin	0 ation. If more the	an six (6). t	those mos	t recent.)	1						
<sub>1.</sub> 02/10/2017			3					5		6			
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					Complic	eation(s) of Pregnancy Termination			
☐ Yes ■	No							■ No	ne	☐ Uterine Perforation			
F ( 1110		TC : 11 1: 1	· ·					□ Не	morrhag	e Cervical Laceration			
Fetus viable? If viable, medical reason for termination:							☐ Inf	ection	☐ Retained Products				
							Other (Specify)						
Pathological examination								ici (spec	.4(37)				
performed?						_							
☐ Yes ■	No							Did this to ☐ Yes	erminatio	on of pregnancy result in a maternal death?			
		•					•						
				Type of	f Termina	tion Procedur	es						
Procedure that Term	ninated l	Pregnancy				Additional Pro	ocedure th	nat Termi	nated Pr	regnancy			
☐ Medical (Nons	uroical)	Mifenristone				☐ Medical (	(Nonsurgi	cal) Mit	enriston	e ·			
☐ Medical (Nons	urgical)	Misoprostol					(Nonsurgi	cal) Mis	oprostol				
☐ Medical (Nons	urgicai)	Other (Specify)				Wiedicai (	(INOIISUI'gi	Nonsurgical) Other (Specify)					
Medical (Surgi		ction Curettage enstrual Aspiration				☐ Medical (	(Surgical) (Surgical)	Suction	Curetta	ge ration			
Medical (Surgi							(Surgical)						
For Medical (Surgio	cal) proc	edures, answer the fo	llowing question	1.		For Medical (	Surgical) p	procedur	es, answ	er the following question.			
Was the fetus viab ☐ Yes		ve a post fertilization	age at least 20 w	veeks?				s viable or have a post fertilization age at least 20 weeks?					
If the previous ques	tion was	s answered yes, comp	lete the following	g questions	s.	If the previous	s question	was ans	wered ye	es, complete the following questions.			
Was the fetus give	en the be	est opportunity to surv				Was the fetu	ıs given th	ne best op	-	ty to survive?			
☐ Yes						_	Yes □ I						
		termination that the page to avert death or ser								hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?						woman?							
Date last normal me		_		Physician	estimate	of gestation (in	n weeks)		Post fe	rtilization age of the fetus (in weeks)			
How were the gesta		ge and post fertilization	on age determine	ed?		9				7			
ULTRASOUND		<u>-</u>											
Full name of physic	-	-											
		ming termination (nu	mber and street,	city, state.	and zip c	ode)							
	-	DIANAPOLIS, IN 4											
**Date Reported	to DCS	S, if Patient under 1	6 (month, day, y	year):						-			
DATE RECEIVI	ED BY	ISDH (month, day,	year):06/13/2	2018						_			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre		, INDIANAPOLIS, IN, 46268	City or to		ncy terminatio	n	County of pregnancy term MARION				
Patient's age** Ma	arried	Date of pregnancy terms 05/25/201		Educat	tion	Asso	ociate Degree				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Black White Other		n American	Unknown	☐ Not I	anic or Latino	Unknown			
Live Births:	Number now living	2			Number now deceased 0						
Other Terminations:	Number of spontaneou	s terminations 1			Number of induced terminations 1						
Dates of terminations (Do UNKNOWN		ttion. If more than six (6)			_	56					
Fetus delivered alive?  Yes No	If yes, length of tir		4.			None	cation(s) of Pregnancy Tern  Uterine Perfo	oration			
Fetus viable?  Yes No  If viable, medical reason for termination:						Infection Other (Spec	☐ Retained Pro				
Pathological examination performed?  Yes No						Did this termination of pregnancy result in a maternal death?  Yes No					
Type of Termination Procedures											
Procedure that Terminate	ed Pregnancy	1,500				erminated D	egnancy				
Procedure that Terminated Pregnancy  ■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)    Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			■ Medical	(Surgical) Suc (Surgical) Me (Surgical) Oth	nstrual Aspi	ge ration				
For Medical (Surgical) p	rocedures, answer the fol	lowing question.		For Medical (	Surgical) proc	edures, answ	ver the following question.				
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization a	age at least 20 weeks?			us viable or ha	ve a post fert	tilization age at least 20 week	eks?			
If the previous question v	was answered yes, comple	ete the following question	ns.	If the previou	s question was	answered ye	es, complete the following of	questions.			
Was the fetus given the	best opportunity to survivo	ve?			us given the be Yes  No	est opportunit	ty to survive?				
	determination that the pr lure to avert death or seri						hat the pregnant woman had ath or serious impairment to				
Date last normal menses	began	Physicia	ın estimate	of gestation (i	n weeks)	Post fe	rtilization age of the fetus (	in weeks)			
How were the gestational	03/25/2018	a age determined?		9			7				
ULTRASOUND	age and post fortifization	. ago determined:									
Full name of physician p	-										
Address of physician per 200 S. MERIDIAN ST,	-		e, and zip c	ode)							
**Date Reported to D	CS, if Patient under 1	6 (month, day, year):					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy termination MARION				
Patient's age**	Marrie	ed Yes • No	Date of pregnancy term 05/25/201	tion	Q+h_12	th, No Diploma						
Race American Indian Native Hawaiian Live Births:	or Alas	ska Native er Pacific Islander Jumber now living	Asian Blac White Othe	k or Africa	n American	Numb	Ethnicity  Hispa	y anic or Latino Hispanic or Latino				
Other Termination	ъ.	lumber of spontaneou	0			Nullio	0					
1		2	ation. If more than six (6)	), those mos	st recent.)		5 6 Complication(s) of Pregnancy Termination					
Fetus delivered alive							■ None ☐ Uterine Perforation					
Fetus viable?  Yes No  If viable, medical reason for termination:							☐ Hemorrhag ☐ Infection ☐ Other (Spec	Retained Products				
Pathological examin performed?		If yes, results:					Did this termination of pregnancy result in a maternal death?					
							☐ Yes ■ N					
			Туре	of Termin	ation Procedur	res						
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy				
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol			■ Medical	(Nonsu	onsurgical) Mifepristone onsurgical) Misoprostol onsurgical) Other (Specify)					
Medical (Surgio	cal) Me	nstrual Aspiration			■ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi al) Other (Specify)	ration				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	ver the following question.				
Was the fetus viab. ☐ Yes [		ve a post fertilization	age at least 20 weeks?				able or have a post fertilization age at least 20 weeks?					
If the previous quest	ion was	answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.				
Was the fetus give: ☐ Yes [		st opportunity to surv	rive?			us giver Yes [	n the best opportuni  No	ty to survive?				
			regnant woman had a con ious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
Date last normal me	-	gan /03/2018	Physicia	nn estimate	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)  5				
How were the gestat	ional ag	e and post fertilization	on age determined?									
Full name of physici DR. CAROL DELL	-	-										
Address of physician 200 S. MERIDIAN	_	-	mber and street, city, stat 3225	e, and zip o	code)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					-				
DATE RECEIVE	ED BY	ISDH (month, day,	year):					_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR (	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						mination .IS		County of pregnan	cy termination		
Patient's age**	λſ	rriad .	Date of pregnancy te	rmination	Educa	tion						
27	Mai	rried  Yes No	05/25/2		Educa	tion		Asso	ciate Degree			
Race American Indian Native Hawaiian			= =	lack or Afric	an American	☐ Un	known		nic or Latino lispanic or Latino	☐ Unknown		
Live Births:		Number now living				Number now deceased <b>0</b>						
Other Termination	s:	Number of spontaneou	s terminations			Number of induced terminations						
Dates of termination	s (Do	not include this termina	tion. If more than six	(6), those m	ost recent.)				0			
1		2	3		4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus survived:		Complication(s) of Pregnancy Termination							
							■ N	None	☐ Uteri	ne Perforation		
Fetus viable? If viable, medical reason for termination:							□ H	Iemorrhage	e Cervi	cal Laceration		
							☐ Iı	nfection	☐ Retai	ned Products		
							ПО	Other (Speci	ify)			
Pathological examination	Pathological examination If yes, results:							()	<i>327</i>			
performed?												
☐ Yes ■	No						Did this Yes			ılt in a maternal death?		
			Ту	pe of Termi	nation Procedu	res						
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedure	e that Terr	minated Pro	egnancy			
Medical (Nonsu	ırgica	l) Mifepristone			☐ Medical	(Nonsu	rgical) M	Iifepristone	•			
Medical (Nonsu	ırgica						Ionsurgical) Mifepristone Ionsurgical) Misoprostol Ionsurgical) Other (Specify)					
Wiedicai (Noiisu	iigica	i) Other (specify)			Wiedical	(INOIISU	igical) O	iller (Speci	<i>191</i>			
		Suction Curettage Menstrual Aspiration						on Curettag trual Aspir				
Medical (Surgic								(Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question.		For Medical	(Surgica	al) proced	ures, answe	er the following que	estion.		
Was the fetus viabl	le or l	nave a post fertilization a	nge at least 20 weeks?									
Yes [			igo at loast 20 weeks.			the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest	ion w	as answered yes, comple	ete the following ques	tions.	If the previou	ıs questi	ion was a	nswered ye	s, complete the foll	owing questions.		
		best opportunity to survi	ve?		Was the fet	us giver	n the best	opportunity	y to survive?			
☐ Yes ☐	] No	)				Yes [	No					
		letermination that the proure to avert death or serie				was the basis for determination that the pregnant woman had a condition quired the procedure to avert death or serious impairment to the pregnant						
woman?	oceui	are to avert deam or seri	ous impairment to the	pregnant	woman?	u uie pr	ocedure to	o avert ucai	in or serious impair	ment to the pregnant		
Date last normal men	nses t	pegan	Physi	cian estimat	e of gestation (	in weeks	5)	Post fer	tilization age of the	fetus (in weeks)		
	(	04/01/2018			6				4	ŕ		
How were the gestate ULTRASOUND	ional	age and post fertilization	age determined?									
ULTRASCOND												
Full name of physici	an no	rforming termination								1		
DR. CAROL DELLI	_	-										
= -	_	orming termination (num		tate, and zip	code)							
200 S. MERIDIAN S	sī, l	NDIANAPOLIS, IN 46	225									
**Date Reported	to D0	CS, if Patient under 1	6 (month, day, year):									
DATE RECEIVE	D B	Y ISDH (month, day, y	vear): 06/13/2018						-			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and AdepPIN-GEORGETOWN OR (PI	ldress PGI) - 85	90 GEORGETOWN ROAD	INDIANAPOLIS, IN, 4626	City or	town, of pregna	•			County of pregna	ancy termination		
Dationt's ass**			Data of magazine	uminatia-	pa.	tion						
Patient's age**	Marrie F	d ☐ Yes ■ No	Date of pregnancy te		Educa	tion		Some Co	llege, No Degre	e.		
Race American Indian o					an American			Ethnicity	nic or Latino			
☐ Native Hawaiian o		r Pacific Islander [ umber now living	White O	ther			known er now d		ispanic or Latino	Unknown		
Live Births:			1			Number now deceased 0						
Other Terminations:	:   N	umber of spontaneous	terminations 0			Numb	er of indu	uced termin	ations 0			
Dates of terminations	(Do no	t include this termina	tion. If more than six	(6), those m	ost recent.)							
1		·	3		4		5	Complia	6	nay Tarmination		
Fetus delivered alive?	,,						Complication(s) of Pregnancy Termination					
							■ N	None	∐ Ute	rine Perforation		
Fetus viable? If viable, medical reason for termination:							☐ F	Hemorrhage	e 🔲 Cer	vical Laceration		
							☐ I	nfection	Reta	ained Products		
							П	Other (Speci	ify)			
Pathological examinat	tion	If yes, results:					]	(~ <b>;</b>	337			
performed?		ii yes, resuits.										
☐ Yes ■ No	lo						Did this			sult in a maternal death?		
		<u> </u>						, <u> </u>	·			
			Ту	ype of Termi	nation Procedu	res						
Procedure that Termin	nated P	regnancy			Additional Pr	ocedure	e that Ten	minated Pre	egnancy			
Medical (Nonsurg		•			l			lifepristone				
Medical (Nonsurg	gical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	Iisoprostol				
☐ Medical (Nonsurg	gical)	Other (Specify)			☐ Medical	(Nonsurgical) Other (Specify)						
Medical (Surgical								on Curettag				
☐ Medical (Surgical ☐ Medical (Surgical								strual Aspirar (Specify)	ation			
Wiedicai (Surgicai	u) Oui	сі (Бресіду)			Wiedicar	(Surgic	ai) Ouici	(вресцу)				
For Medical (Surgical)	) proce	dures, answer the foll	owing question.		For Medical	Surgica	cal) procedures, answer the following question.					
Was the fetus viable ☐ Yes ☐		e a post fertilization a	ge at least 20 weeks?	,		fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous questio	on was	answered yes, comple	ete the following ques	stions.	If the previou	If the previous question was answered yes, complete the following questions.						
Was the fetus given	the bes	et opportunity to survi	• •		Was the fet	us giver	n the best	•	y to survive?			
☐ Yes ☐	No				│	Yes [	No					
		ermination that the pre to avert death or serie								oman had a condition irment to the pregnant		
woman?	cedure	to avert death or serio	ous impairment to the	pregnam	woman?	u uie pr	ocedure t	o avert deal	in or serious impai	irment to the pregnant		
Data last manus -1	nog <b>h</b> -	on	Di.	ioion aati '	a of gostati (	m 11	~ )	Dogt £	tilization acf.:1	o fatus (in mask-)		
Date last normal mens	_	an 19/2018	Physi	ıcıan estimat	e of gestation (a	n weeks	)	Post fer	tilization age of th	ne fetus (in weeks)		
How were the gestatio			age determined?					1				
ULTRASOUND												
Full name of physician	_	rming termination										
DR. CAROL DELLIN		aing tampin-ti-	show are distances	state == 1 ·	anda)							
Address of physician p  200 S. MERIDIAN S	_	=		ы <i>а</i> ге, апа zīp	coae)							
	,											
**Date Reported to	DCS	, if Patient under 16										
DATE RECEIVED	D BY	ISDH (month, day, y	ear): 06/13/2018						-			

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age**  18						
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Number now living  Number now living  O5/25/2018  9th-12th, No Diploma  Ethnicity Hispanic or Latino Unknown Number now deceased						
American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Other Number now living Number now living Number now living Number now living Number now deceased Hispanic or Latino Unknown Number now deceased	<u>-</u>					
	known					
Other Terminations: Number of spontaneous terminations 0 Number of induced terminations 0						
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)						
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  None  We length of time fetus survived:  None  Hemorrhage  Cervical Lacerati	on					
☐ Yes No   ☐ Infection ☐ Retained Product   ☐ Other (Specify)    Pathological examination  If yes, results:	S					
performed?  Did this termination of pregnancy result in a mate.  Yes No  Yes No	rnal death?					
Type of Termination Procedures						
Procedure that Terminated Pregnancy  ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)  ☐ Medical (Nonsurgical) Other (Specify)  ☐ Medical (Nonsurgical) Other (Specify)	onsurgical) Mifepristone onsurgical) Misoprostol					
■ Medical (Surgical) Suction Curettage        Medical (Surgical) Suction Curettage         □ Medical (Surgical) Menstrual Aspiration        Medical (Surgical) Menstrual Aspiration         □ Medical (Surgical) Other (Specify)        Medical (Surgical) Other (Specify)						
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.	ical) procedures, answer the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous question was answered yes, complete the following questions.  If the previous question was answered yes, complete the following questions.	ons.					
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No  ☐ Yes ☐ No						
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the woman?						
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 13 11	eks)					
How were the gestational age and post fertilization age determined?  ULTRASOUND						
Full name of physician performing termination  DR. CAROL DELLINGER						
Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225						
**Date Reported to DCS, if Patient under 16 (month, day, year):						

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
	T	I no contract of the contract								
Patient's age** 22	Married ☐ Yes ■ No	Date of pregnancy term <b>05/25/20</b> 1		Educa	tion		ociate Degree			
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac  ■ White ☐ Othe		an American	☐ Un		anic or Latino Hispanic or Latino			
Live Births:	Number now living	0			Numb	er now deceased	0			
Other Termination	Number of spontaneo	us terminations 1			Number of induced terminations					
Dates of termination	ns (Do not include this termin 2. 2010	nation. If more than six (6)		ost recent.)		5	6			
Fetus delivered alive		me fetus survived:		4		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No					None	Uterine Perforation			
						☐ Hemorrhag	e			
Fetus viable? If viable, medical reason for termination:						☐ Infection	☐ Retained Products			
						Other (Spec	cify)			
Pathological examination							327			
performed?	No					Did this termination	on of pregnancy result in a maternal death?			
						Yes N				
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone urgical) Misoprostol			☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e			
	urgical) Other (Specify)			☐ Medical	(Nonsu	Ionsurgical) Other (Specify)				
	cal) Suction Curettage			Medical	(Surgic	al) Suction Curetta	ge			
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic (Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?			the fetus viable or have a post fertilization age at least 20 weeks?					
If the previous quest	tion was answered yes, comp	lete the following questio	ons.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
	en the best opportunity to sur				us giver Yes [	the best opportunit	sy to survive?			
			11.01	_	_	_	1.4			
that required the pr	s for determination that the procedure to avert death or ser			that require			hat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?						
Date last normal me	enses began	Physicia	an estimate	e of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)			
	03/27/2018			8		,   - 3.3.10	6			
How were the gestat  ULTRASOUND	tional age and post fertilization	on age determined?								
	ian performing termination									
DR. CAROL DELL Address of physician	.INGER  n performing termination (nu	umber and street, citv. stat	te, and zip	code)						
	ST, INDIANAPOLIS, IN 4		. ~T	,						
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):									
_	ED BY ISDH (month, day,						-			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad- PPIN-GEORGETOWN OR (PI		8590 GEORGETOWN ROAD	, INDIANAPOLIS, IN, 462	City or	town, of pregna	•			County of pregnancy to MARIO	
	Marr		Date of pregnancy t		Educa	tion				
Race American Indian o	or Ala		= =	Black or Afri	can American			Ethnicity  Hispan	ic or Latino	
☐ Native Hawaiian o		ner Pacific Islander   Number now living		Other			known er now d		spanic or Latino	Unknown
Other Terminations:	]	Number of spontaneou	o s terminations			Numb	er of ind	uced termina		
Dates of terminations		not include this termina	0 tion. If more than si	x (6), those n	nost recent.)				0	
1		2	3		4		5		6	
Fetus delivered alive?  Yes No.		If yes, length of tir	ne fetus survived:					•	tion(s) of Pregnancy Te	
 							■ N		Uterine Po	erforation
Fetus viable?		If viable, medical i	eason for termination	n:			☐ F	Hemorrhage	☐ Cervical I	Laceration
☐ Yes ■ No	0						☐ I	Infection	☐ Retained	Products
								Other (Specif	ý)	
Pathological examinat performed?	ion	If yes, results:								
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No ☐ Yes ■ No							a maternal death?			
							☐ Yes	s 🔳 No		
Type of Termination Procedures										
Type of Termination Procedures										
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurg					■ Medical	(Nonsu	rgical) N	Mifepristone Misoprostol		
☐ Medical (Nonsurg	gical)	Other (Specify)			☐ Medical	(Nonsu	rgical) C	Other (Specif	y)	
Medical (Surgical								ion Curettage strual Aspira		
Medical (Surgical		enstrual Aspiration her (Specify)						struai Aspira r ( <i>Specify)</i>	tion	
For Medical (Surgical)	) prod	cedures, answer the fol	lowing question.		For Medical (	Surgica	ıl) proced	lures, answe	the following question	n.
Was the fetus viable	or ha	ive a post fertilization a	age at least 20 weeks	?	Was the fet	us viabl	e or have	a post fertil	ization age at least 20 v	weeks?
☐ Yes ■		1				Yes [		1	C	
If the previous questio	n wa	s answered yes, comple	ete the following que	estions.	If the previou	s questi	ion was a	nswered yes	, complete the followin	g questions.
Was the fetus given   Yes		est opportunity to survi	ve?			us given Yes [		opportunity	to survive?	
		termination that the pro-							at the pregnant woman	
that required the proc woman?	cedur	e to avert death or seri	ous impairment to th	e pregnant	that require woman?	a the pro	ocedure t	to avert death	n or serious impairment	t to the pregnant
Date last normal mens	es be	gan	Phys	sician estima	te of gestation (i	n weeks	s)	Post fert	ilization age of the fetu	is (in weeks)
How were the sector		2/24/2018	a aga datamin - 10		12				10	
How were the gestatio ULTRASOUND	niai â	ge anu post tertitizatioi	i age ucteriiined?							
Full name of physician DR. CAROL DELLIN	-	-								
Address of physician p		-		state, and zip	o code)					
200 S. MERIDIAN ST	T, IN	DIANAPOLIS, IN 46	225							
**Date Reported to	**Date Reported to DCS, if Patient under 16 (month, day, year):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, I	City or to		ncy termination		County of pregnancy termination MARION				
	ancy termination 05/25/2018	Educa	tion		ege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Number now living	☐ Black or Africa	nn American	Unknown Number now		c or Latino panic or Latino	Unknown			
Live Births:			Number of induced terminations						
Other Terminations: Number of spontaneous terminations 0	. (6) 4	0							
Dates of terminations (Do not include this termination. If more the life in th	nan six (6), those mo	st recent.) 	5		6				
Fetus delivered alive? If yes, length of time fetus survive	ed:			Complicati	on(s) of Pregnancy	Termination			
☐ Yes ■ No				None	☐ Uterine	e Perforation			
Fetus viable? If viable, medical reason for termination			Hemorrhage	☐ Cervica	al Laceration				
Yes No			Infection	☐ Retaine	ed Products				
			Other (Specify	)					
Pathological examination If yes, results:									
performed?  Yes No	Did this termination of pregnancy result in a maternal death  Yes  No								
	Type of Termin	nation Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	rocedure that Te	rminated Preg	nancy				
Medical (Nonsurgical) Mifepristone			(Nonsurgical)						
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				Nonsurgical) Misoprostol Nonsurgical) Other (Specify)					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical) Suc	tion Curettage					
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)			(Surgical) Mer (Surgical) Other		on				
		_	` ~ /	1 337					
For Medical (Surgical) procedures, answer the following question		For Medical (	(Surgical) proce	dures answer	the following quest				
Was the fetus viable or have a post fertilization age at least 20 v									
Yes No	weeks:		tus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was	answered yes,	complete the follow	wing questions.			
Was the fetus given the best opportunity to survive?			us given the bes	t opportunity t	o survive?				
☐ Yes ☐ No		_	Yes No						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen		that require		e basis for determination that the pregnant woman had a condition the procedure to avert death or serious impairment to the pregnant					
woman?		woman?							
				T =					
Date last normal menses began 03/09/2018	Physician estimate	of gestation (i	n weeks)	Post fertil	ization age of the f	etus (in weeks)			
How were the gestational age and post fertilization age determine	ed?			1					
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (number and street) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	, city, state, and zip	code)							
200 O. MILINDIAN OT, MUDIANA OLIO, NY 40223									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year): 06/13/2	2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	IN, 46268 City or	town, of pregna	ncy termination	Cou	anty of pregnancy term MARION				
Mariod	ancy termination 05/25/2018	Educat		igh School Di	ploma or GED				
American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  White  Live Birther Number now living	Black or Afric	can American	Unknown Number now de	Hispanic o Not Hispan		Unknown			
Other Terminations: Number of spontaneous terminations 1			Number of induced terminations 0						
Dates of terminations (Do not include this termination. If more to 1, 2017	han six (6), those m	ost recent.)	5.		6.				
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complication	(s) of Pregnancy Term	ination			
☐ Yes ■ No			■ None ☐ Uterine Perforation						
Fetus viable? If viable, medical reason for term			Iemorrhage	Cervical Lace					
☐ Yes ■ No		nfection	☐ Retained Pro	ducts					
Pathological examination If yes, results:		Other (Specify)							
performed? ☐ Yes ■ No		Did this ☐ Yes		pregnancy result in a n	naternal death?				
December that Tomain (11)	Type of Termi	nation Procedur		i					
Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone		l _	(Nonsurgical) M		ncy				
Medical (Nonsurgical) Misoprostol     Medical (Nonsurgical) Other (Specify)		☐ Medical	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	trual Aspiration	ı				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (	Surgical) proced	urgical) procedures, answer the following question.					
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		Vas the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	nswered yes, co	mplete the following q	uestions.			
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No			us given the best Yes  No	opportunity to s	survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer woman?					e pregnant woman had serious impairment to				
Date last normal menses began 04/02/2018	Physician estimat	te of gestation (i	n weeks)	Post fertiliza	ation age of the fetus (i	n weeks)			
How were the gestational age and post fertilization age determin <b>ULTRASOUND</b>	ed?			· 					
Full name of physician performing termination									
DR. CAROL DELLINGER  Address of physician performing termination (number and street) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)							
TO STANDARD OF THE PROPERTY OF THE POPULATION OF									
**Date Reported to DCS, if Patient under 16 (month, day,	year):								
DATE RECEIVED BY ISDH (month, day, year): 06/13/									

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_\_06/13/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addi		I ROAD, INDIANAPOLIS	City	or town, of pregna	ncy termina	tion	County of pregnancy termination MARION	
Patient's age** M	Iarried ☐ Yes ■ I		nancy termination	Educa	tion	Ass	ociate Degree	
Race American Indian or Native Hawaiian or	Alaska Native	Asian	_	frican American	Unknov	Ethnicit Hisp		
Live Births:	Number now livi	ng O			Number no	ow deceased	0	
Other Terminations:	Number of sponta	aneous terminations	S		Number of	induced term	inations 0	
Dates of terminations (I	Do not include this te	ermination. If more	than six (6), those	most recent.)			· ·	
1	1	3		4		5	6	
Fetus delivered alive?  Yes No	If yes, length	of time fetus survi	ved:		_	_	cation(s) of Pregnancy Termination	
						None	☐ Uterine Perforation	
Fetus viable? If viable, medical reason for termination:							ge Cervical Laceration	
Yes No						Infection	☐ Retained Products	
						Other (Spe	cify)	
Pathological examination	on If yes, results	s:						
performed?  Yes No Did this termination of pregnancy result in a maternal death Yes No								
			Type of Ter	mination Procedu	res			
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy								
Medical (Nonsurgi						l) Mifepristor		
<ul><li>Medical (Nonsurgi</li><li>Medical (Nonsurgi</li></ul>	cal) Misoprostol cal) Other (Specify)			☐ Medical ☐ Medical	(Nonsurgica (Nonsurgica	d) Misoprosto d) Other (Spec	ol cify)	
_ , ,	, , , , ,				, ,		•••	
——————————————————————————————————————	G .: G .:			-	(C : 1) (			
	Menstrual Aspiration	on		☐ Medical	(Surgical) N	Suction Curetta Menstrual Asp	iration	
☐ Medical (Surgical)	Other (Specify)			☐ Medical	(Surgical) (	Other (Specify)		
For Medical (Surgical)	procedures, answer t	he following questi	on.	For Medical	(Surgical) pr	ocedures, ansv	ver the following question.	
Was the fetus viable o  ☐ Yes ☐		ation age at least 20	weeks?		us viable or l		tilization age at least 20 weeks?	
If the previous question	was answered yes, o	complete the follow	ing questions.	If the previou	s question w	as answered y	res, complete the following questions.	
Was the fetus given th  ☐ Yes ☐ ☐	11	survive?			us given the Yes \[ \] No		ity to survive?	
What was the basis for	r determination that	the pregnant woman	n had a condition	What was t	he basis for o	determination	that the pregnant woman had a condition	
that required the proce woman?							ath or serious impairment to the pregnant	
Date last normal menses	s began		Physician estir	nate of gestation (	in weeks)	Post fo	ertilization age of the fetus (in weeks)	
**	04/10/2018	• ,• • •	10	7			5	
ULTRASOUND	How were the gestational age and post fertilization age determined?  ULTRASOUND							
Full name of physician DR. CAROL DELLING	-	on						
Address of physician pe	-		et, city, state, and	zip code)				
**Date Reported to I	DCS, if Patient un	der 16 (month, day	v, year):					

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		ORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy termin	nation	County of pregnancy termination MARION		
Patient's age**	Married		Date of pregnancy term	nination	Educa	tion				
24	Yamed Ye	es 🔳 No	05/25/20					ollege, No Degree		
Race American Indian Native Hawaiian Live Births:	n or Other Paci		Asian Blace White Oth		an American	Unkno		y anic or Latino Hispanic or Latino		
Other Termination	Number	r of spontaneo	us terminations 0			Number	of induced termi	nations 0		
Dates of termination			nation. If more than six (6							
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  Fetus viable?  If viable, medical reason for termination:							Complie  None  Hemorrhag	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration		
Yes Pathological examir		ves, results:					☐ Infection ☐ Other (Spec	Retained Products		
performed?  Yes							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No			
			Tun	e of Termi	nation Procedu	es				
Procedure that Term	ninated Pregna	ncv	<u> 1 y p</u> 1	COLICIIII			at Terminated Pr	regnancy		
Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)										
Medical (Surgi Medical (Surgi Medical (Surgi	cal) Menstrua	1 Aspiration			☐ Medical	(Surgical)	Suction Curetta Menstrual Aspi Other (Specify)			
For Medical (Surgic	cal) procedures	, answer the fo	ollowing question.		For Medical (	Surgical) p	procedures, answ	ver the following question.		
Was the fetus viab ☐ Yes		ost fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answe	ered yes, comp	lete the following question	ons.	If the previou	vious question was answered yes, complete the following questions.				
Was the fetus give ☐ Yes [		ortunity to sur	vive?			us given the best opportunity to survive? Yes  No				
			regnant woman had a corious impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal me	enses began		Physici	ian estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	04/14/20				6	/		4		
How were the gesta	tional age and	post fertilization	on age determined?							
Full name of physic DR. CAROL DELL		g termination								
	Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
##D : D	DCC 10=									
_			16 (month, day, year):					-		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	City or to	y or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION				
	T								
Patient's age** 35	Married ■ Yes □ No	Date of pregnancy term <b>05/25/20</b> 1		Educa	tion		ter's Degree		
Race American Indian Native Hawaiian	n or Alaska Native n or Other Pacific Islander	Asian Blac White Othe		n American	☐ Un		anic or Latino Hispanic or Latino		
Live Births:	Number now living	0			Numb	er now deceased	0		
Other Termination	Number of spontaneous	us terminations 0			Numb	er of induced termi	nations 1		
Dates of termination	ns (Do not include this termin	*		st recent.)					
Fetus delivered alive		me fetus survived:	4.	•		5Complie	cation(s) of Pregnancy Termination		
Yes •	3,	me retus sur vivea.			■ None ☐ Uterine Perforation				
						☐ Hemorrhag			
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				_	_		
☐ Yes ■	NO					☐ Infection	Retained Products		
D.d. 1 . 1	. TC 1.					Other (Spec	ify)		
Pathological examir performed?	nation If yes, results:								
☐ Yes ■	No					Did this termination  ☐ Yes ■ No.	on of pregnancy result in a maternal death?		
	<b>'</b>								
Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	that Terminated Pr	regnancy		
☐ Medical (Nons	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e		
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)		
	( A. F. 1937)					S, ()			
■ Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	al) Suction Curetta	ga .		
☐ Medical (Surgi	cal) Menstrual Aspiration			■ Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	l) procedures, answ	er the following question.		
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
	s for determination that the p	regnant woman had a con	dition	What was the basis for determination that the pregnant woman had a condition					
	rocedure to avert death or ser						ath or serious impairment to the pregnant		
woman :				woman:					
Date last normal me	enses began	Physicia	n estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)		
	03/26/2018			6		, 2 050 10	4		
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?							
CETTAGOOND									
Full name of physic	ian performing termination								
	DR. CAROL DELLINGER								
Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-		
DATE RECEIVI	ED BY ISDH (month, day,	year):06/13/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcs.in.gov">dcs.in.gov</a>.
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Facility Name and Addre	SSS ) - 8590 GEORGETOWN ROAD, INDIAN	APOLIS, IN, 46268 City	or town, of pregna	ancy teri		County of pregnancy termination  MARION				
Patient's age** Ma	arried Date o	f pregnancy termination								
28	Yes No	05/25/2018	Date			ociate Degree				
Race American Indian or A Native Hawaiian or C	Alaska Native Asia Other Pacific Islander Whi		frican American	☐ Un		ty panic or Latino Hispanic or Latino				
Live Births:	Number now living	2			ber now deceased  0					
Other Terminations:	Number of spontaneous termin	nations 0		Numb	per of induced term	inations 0				
Dates of terminations (De	o not include this termination. If	more than six (6), those	e most recent.)							
Fetus delivered alive?	If yes, length of time fetus	survived:	4		5 Compl	ication(s) of Pregnancy Termination				
Yes No	,, g				■ None	Uterine Perforation				
		— ☐ Hemorrha	_							
Fetus viable?  Yes No	If viable, medical reason f	or termination:			☐ Infection	Retained Products				
						_				
Pathological examination	n If yes, results:				Other (Sp.	ecify)				
performed?	ir yes, results.									
☐ Yes ■ No					Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
	1				I					
		Type of Ter	mination Procedu	res						
Procedure that Terminate	ed Pregnancy		Additional P	rocedure	e that Terminated l	Pregnancy				
☐ Medical (Nonsurgic					rgical) Mifepristo					
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical Me	al) Misoprostol		☐ Medical	(Nonsu	argical) Misoprost argical) Other (Spe	ol				
i Medicai (Nollsurgica	ar) Other ( <i>specify</i> )		Wiedicai	(INOIISU	irgicai) Other (spe	cijy)				
			_							
<ul><li>Medical (Surgical)</li><li>Medical (Surgical)</li></ul>	Suction Curettage Menstrual Aspiration				cal) Suction Curette cal) Menstrual Asp					
☐ Medical (Surgical)	Other (Specify)		☐ Medical	(Surgic	cal) Other (Specify	)				
For Medical (Surgical) p	rocedures, answer the following	question.	For Medical	(Surgica	al) procedures, ans	wer the following question.				
Was the fetus viable or  ☐ Yes ■ N	have a post fertilization age at lo	east 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question v	was answered yes, complete the	following questions.	If the previou	ıs quest	ion was answered	yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us giver Yes   [	en the best opportunity to survive?					
	determination that the pregnant	yoman had a condition	_	_	_	that the pregnant woman had a condition				
that required the proceed	dure to avert death or serious imp		that require			eath or serious impairment to the pregnant				
woman?			woman?							
					. 12					
Date last normal menses	04/01/2018	Physician estii	nate of gestation ( <b>7</b>	in week:	s) Post i	Pertilization age of the fetus (in weeks)  5				
=	l age and post fertilization age de	etermined?			l .					
ULTRASOUND										
Full name of the '	orforming tomain-ti									
	Full name of physician performing termination  DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, state, and zip code)										
ZUU S. MEKIDIAN ST,	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to D	CS, if Patient under 16 (mon	th day year):								
•										
DATE RECEIVED I	BY ISDH (month, day, year): _	UO/13/2018				<u> </u>				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	acility Name and Address IN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 INDIANAPOLIS  City or town, of pregnancy termination INDIANAPOLIS  MARION										
	arrica	Date of pregnancy term		Educa	tion		D = -!	l. D			
Race American Indian or A			k or African	n American		Eth	nnicity Hispanic o				
☐ Native Hawaiian or C	Number now living	■ White ☐ Othe	er			known er now deceas		nic or Latino Unknown			
	Number of spontaneous	0 sterminations			Numb	er of induced	termination	ns			
Other Terminations:  Dates of terminations (D.	o not include this termina	0	) those mos	t recent )				0			
1		3				5		6			
Fetus delivered alive?	If yes, length of tim	ne fetus survived:				Co	mplication	n(s) of Pregnancy Termination			
☐ Yes ■ No						None		☐ Uterine Perforation			
Fetus viable? If viable, medical reason for termination:								☐ Cervical Laceration			
Yes No	ii viable, medicai io	eason for termination.				☐ Infect	ion	☐ Retained Products			
						☐ Other	(Specify)				
Pathological examination	n If yes, results:					_	1 337				
performed?						511.11					
☐ Yes ■ No						Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
Type of Termination Procedures											
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Termina	ted Pregna	ncv			
	•										
<ul><li>Medical (Nonsurgic</li><li>Medical (Nonsurgic</li></ul>	al) Misoprostol			Medical	(Nonsu	rgical) Mifep rgical) Misop	rostol				
☐ Medical (Nonsurgic	al) Other (Specify)				(Nonsu	rgical) Other	(Specify)				
Medical (Surgical)						al) Suction C					
Medical (Surgical)	Menstrual Aspiration Other (Specify)			☐ Medical	(Surgic	al) Menstrual al) Other (Spe	ecify)	1			
For Medical (Surgical) p	rocedures, answer the foll	owing question	:	For Medical (	Surgica	al) procedures	answer the	e following question			
				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes N	have a post fertilization a No	ge at least 20 weeks?			res [		st tertilizat	non age at least 20 weeks?			
If the previous question v	was answered yes, comple	ete the following question	ons.	If the previou	s questi	on was answe	red yes, co	omplete the following questions.			
Was the fetus given the	best opportunity to survi	ve?		Was the feti	ıs giver	the best oppo	ortunity to s	survive?			
☐ Yes ☐ N					res [						
	determination that the pre							ne pregnant woman had a condition			
that required the proceed woman?	dure to avert death or serio	ous impairment to the pr	regnant	woman?	d the pro	ocedure to ave	ert death or	serious impairment to the pregnant			
Date last normal menses	began	Physicia	an estimate	of gestation (i	n weeks	;) P	ost fertiliza	ation age of the fetus (in weeks)			
	03/31/2018	•		7				5			
How were the gestationa  ULTRASOUND	l age and post fertilization	age determined?									
GLIKASOUND											
Full name of physician p	erforming termination										
DR. CAROL DELLING											
Address of physician performing termination (number and street, city, state, and zip code)											
ZUU S. MEKIDIAN ST,	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
***D	ACC ICD										
-	PCS, if Patient under 16		· · · · · · · · · · · · · · · · · · ·								
DATE RECEIVED I	BY ISDH (month, day, y	ear):									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					town, of pregna	ncy termination	County of pregnancy termination MONROE				
Patient's age**		_1	Date of pregnancy	termination	Educat	tion					
24	Marrie [	Yes I No		4/2018	Educai		hool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	or Othe		☐ White ☐	Black or Afric Other	can American		ispanic or Latino ot Hispanic or Latino				
Other Termination	N N	Tumber of spontaneou	as terminations			Number of induced te	umber of induced terminations				
	13.	ot include this termin	0	six (6), those n	nost recent.)		2				
ı. <u>12/15/2017</u>		2. 06/20/2017	· ·			5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:			Com	plication(s) of Pregnancy Termination				
	110					■ None	☐ Uterine Perforation				
Fetus viable?		If viable, medical	reason for terminati	on:		Hemorr	hage Cervical Laceration				
☐ Yes ■	No					☐ Infection	n Retained Products				
						Other (S	Other (Specify)				
Pathological examin	nation	If yes, results:									
performed?	No					Did this termin	Did this termination of pregnancy result in a maternal death?				
				Type of Term	ination Procedur	res					
Procedure that Term	ninated F	Pregnancy			Additional Pr	ocedure that Terminated	1 Pregnancy				
Medical (Nonsi						(Nonsurgical) Misopro					
Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro					☐ Medical	(Surgical) Suction Cure	ettage				
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				(Surgical) Menstrual A (Surgical) Other (Speci					
For Medical (Surgic	eal) proce	edures, answer the fo	llowing question		For Medical (	Surgical) procedures a	nswer the following question.				
			• •	0							
Was the fetus viab		ve a post fertilization	age at least 20 week	cs?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, comp	lete the following qu	uestions.	If the previou	s question was answere	d yes, complete the following questions.				
Was the fetus give	n the be	st opportunity to surv	vive?		Was the fetu	us given the best opport	unity to survive?				
☐ Yes [	☐ No	•				Yes □ No	·				
		ermination that the part to avert death or ser					on that the pregnant woman had a condition death or serious impairment to the pregnant				
woman?	roccaure	to avert death of ser	ious impairment to	are pregnant	woman?	a the procedure to avert	dealt of serious impairment to the pregnant				
Date last normal me	-		Ph	ysician estima	te of gestation (i	n weeks) Pos	t fertilization age of the fetus (in weeks)				
How were the gestar		e and post fertilization	on age determined?		7		5				
ULTRASOUND											
Full name of physic	-	orming termination									
	DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
_		s, if Patient under 1									
DATE RECEIVE	ED BY	ISDH (month, day,	year):06/13/2018	8							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	City or to	wn, of pregna	•		County of pregnancy termination MONROE				
Patient's age**	Marriad	Date of pregnancy term	ination	Educa	tion					
32	Married ☐ Yes ■ No	05/24/201		Lauca	tion	Mas	ter's Degree			
	n or Alaska Native n or Other Pacific Islander Number now living	Asian Blac White Othe		n American			anic or Latino Hispanic or Latino  Unknown			
Live Births:	Number of apontoneous	0 us terminations			Numb	per of induced termi	0 nations			
Other Termination	ns:   Trumber of spontaneous   Trumber of spon	0	those mos	et recent l	1,41110		0			
1		3				5	6			
Fetus delivered alive	1	me fetus survived:				Complic	cation(s) of Pregnancy Termination			
☐ Yes ■	No				■ None	☐ Uterine Perforation				
						☐ Hemorrhag	e			
Fetus viable?  Yes	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Infection	Retained Products			
	110					_	_			
Dath de sie de service	TC 14					Other (Spec	cify)			
Pathological examin performed?	nation If yes, results:									
☐ Yes ■	No						on of pregnancy result in a maternal death?			
	I					☐ Yes ■ No				
Type of Termination Procedures										
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated Pr	regnancy			
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepriston	e			
	urgical) Misoprostol urgical) Other (Specify)			☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Misoprostol rgical) Other (Spec	ify)			
	1) 6 1 6				· ·	D. G. J. G.				
	cal) Suction Curettage cal) Menstrual Aspiration			■ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi	ge ration			
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	al) Other (Specify)				
For Medical (Surgic	cal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.			
Was the fetus viab ☐ Yes	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?		Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
What was the hasi	s for determination that the p	regnant woman had a con	dition	What was th	ne hasis	for determination t	hat the pregnant woman had a condition			
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant			
woman?				woman?						
						1 -				
Date last normal me	enses began 03/31/2018	Physicia	nn estimate	of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)  5			
How were the gestar	tional age and post fertilization	on age determined?				1				
ULTRASOUND										
Γ –										
Full name of physic DR. CAROL DELL	ian performing termination  INGER									
Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported	to DCS, if Patient under	16 (month, day, year):					-			
DATE RECEIVE	ED BY ISDH (month, day,	year):06/13/2018					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403	y or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONROE									
Patient's age** Married Date of pregnancy termin	on Education									
29	Associate Degree									
Native Hawaiian or Other Pacific Islander ■ White □ Other	African American    Ethnicity   Hispanic or Latino   Unknown   Not Hispanic or Latino   Unknown									
Live Births: Number now living 4	Number now deceased 0									
Other Terminations: Number of spontaneous terminations 1	Number of induced terminations 0									
Dates of terminations (Do not include this termination. If more than six (6), UNKNOWN	se most recent.)									
Fetus delivered alive?  If yes, length of time fetus survived:	Complication(s) of Pregnancy Termination									
☐ Yes ■ No	■ None ☐ Uterine Perforation									
	Hemorrhage Cervical Laceration									
Fetus viable?  If viable, medical reason for termination:  Yes No	☐ Infection ☐ Retained Products									
	Other (Specify)									
Pathological examination If yes, results:										
performed?	Did this termination of pregnancy result in a maternal deat									
165 2 100	Yes No									
Туре о	ermination Procedures									
Procedure that Terminated Pregnancy	Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol	Medical (Nonsurgical) Miseprestel									
Medical (Nonsurgical) Other (Specify)	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction Curettage	Medical (Surgical) Suction Curettage									
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)	☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable or have a post fertilization age at least 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?									
Yes No	☐ Yes ☐ No									
If the previous question was answered yes, complete the following questions	If the previous question was answered yes, complete the following questions.									
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No	Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No									
What was the basis for determination that the pregnant woman had a condi										
that required the procedure to avert death or serious impairment to the preg woman?	that required the procedure to avert death or serious impairment to the pregnant woman?									
	timate of gestation (in weeks)  Post fertilization age of the fetus (in weeks)									
03/23/2018  How were the gestational age and post fertilization age determined?	8 6									
ULTRASOUND										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE DECEIVED BY ISDH (month, day, 1921). 06/13/2018	<del></del>									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					town, of pregna	ncy termination	County of pregnancy termination MONROE				
Patient's age**		1	Date of pregnancy term	nination	Educat	ion					
27	Marrie [	Yes I No	05/24/20		Educai	ion	Some C	ollege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Othe		■ White ☐ Oth		an American	Unknown Number now d	■ Not	anic or Latino Hispanic or Latino			
Other Termination	N N	Jumber of spontaneou	1 us terminations			Number of ind	0 mber of induced terminations				
		ot include this termin	0 ation. If more than six (6	(i), those m	ost recent.)			3			
ı. <u>01/2016</u>		2. 05/2014	3. <u>02/2013</u>		4	5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complication(s) of Pregnancy Termination				
l les e	NO					1	None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	ge Cervical Laceration			
☐ Yes ■	No						nfection	☐ Retained Products			
							☐ Other (Specify)				
Pathological examin	nation	If yes, results:									
performed?	No					Did this	Did this termination of pregnancy result in a maternal death?				
						☐ Ye					
Type of Termination Procedures											
Procedure that Term	ninated F	Pregnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
Medical (Nons						(Nonsurgical) N					
☐ Medical (Nonsi						(Nonsurgical) N (Nonsurgical) C					
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curetts	nge			
Medical (Surgion	cal) Me	nstrual Aspiration			☐ Medical	(Surgical) Mens	strual Asp	iration			
Medical (Surgio	cai) Otn	er (Specify)			Medical	(Surgical) Othe	r (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (	Surgical) proceed	lures, ansv	ver the following question.			
Was the fetus viab ☐ Yes ☐		ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, comp	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		st opportunity to surv	vive?			is given the best Yes  \text{No}	opportuni	ty to survive?			
What was the basi	s for det	ermination that the p	regnant woman had a co	ndition				that the pregnant woman had a condition			
that required the pay	rocedure	to avert death or ser	ious impairment to the p	regnant	that required woman?	d the procedure t	o avert de	ath or serious impairment to the pregnant			
Date last normal me	nses her	van	Physici	an estimat	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)			
	03	/16/2018			10		1 050 10	8			
	tional ag	e and post fertilization	on age determined?								
ULTRASOUND											
Full name of physic	ian nerfo	orming termination									
DR. CAROL DELL	-	Cimilation									
Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225											
ZUU 3. MEKIDIAN	JI, INL	MANAPULIS, IN 4	D223								
**Data Danautad	to DCs	if Patient under 1	6 (month, day, year): _								
_								_			
DATE RECEIVI	ED BY	ISDH (month, day,	year):					_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	) (PPCSI) (MONROE CO.) - 421 SOL	JTH COLLEGE AVENUE,	City or town		ncy termination INGTON	County of pregnancy termination  MONROE				
Patient's age** 28	Married Yes No	Date of pregnancy term 05/24/20:		Educati		hool Diploma or GED				
Race					Ethnic	eity				
☐ American Indiar ☐ Native Hawaiiar	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blac ☐ White ■ Other	ek or African A er	merican		spanic or Latino  t Hispanic or Latino  Unknown				
Live Births:	Number now living	3			Number now deceased	0				
Other Termination	Number of spontaneo	us terminations 1			Number of induced ter	minations 0				
Dates of termination	ns (Do not include this termin	nation. If more than six (6		ecent.)	5	6				
Fetus delivered alive		ime fetus survived:				plication(s) of Pregnancy Termination				
☐ Yes ■	No				■ None	☐ Uterine Perforation				
					☐ Hemorrh	age Cervical Laceration				
Fetus viable?  Yes		reason for termination:			☐ Infection	Retained Products				
					Other (S	necify)				
Pathological examin	nation If yes, results:									
performed?	No				Did this tormin	ation of pregnancy result in a maternal death?				
163	110					No				
		Туре	e of Terminatio							
Procedure that Term	ninated Pregnancy		Ad	lditional Pro	ocedure that Terminated	Pregnancy				
	urgical) Mifepristone urgical) Misoprostol				Nonsurgical) Mifeprist Nonsurgical) Misopros					
	urgical) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
	cal) Suction Curettage cal) Menstrual Aspiration				Surgical) Suction Cure Surgical) Menstrual As					
	cal) Other (Specify)				Surgical) Other (Special)					
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.	 Fo	r Medical (S	Surgical) procedures, an	swer the following question.				
Was the fetus viab ☐ Yes [	ole or have a post fertilization  No	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was answered yes, comp	olete the following question	ons. If	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [	en the best opportunity to sur	vive?	7	Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No						
	s for determination that the p	regnant woman had a con	ndition V			n that the pregnant woman had a condition				
	rocedure to avert death or ser		regnant t			death or serious impairment to the pregnant				
Siliuli :			ľ	. OLIMII i						
Date last normal me	enses began	Physicia	an estimate of	gestation (in	n weeks) Post	fertilization age of the fetus (in weeks)				
How were the gostat	04/03/2018 tional age and post fertilizati	on age determined?		7		5				
ULTRASOUND	aonai age and post terunzau	on ago uctorillilled!								
	ian performing termination									
DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported	to DCS, if Patient under	16 (month day year)								
_	ED RV ISDH (month day)									

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					town, of pregnancy termination BLOOMINGTON			County of pregnancy termination MONROE		
D-41. (1 2000)					F.1	4:-				
Patient's age** 31	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/24/20		Educa	tion	Some Co	ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Othe	k or African A	American	□Un	Ethnicity Hisp	y anic or Latino Hispanic or Latino Unknown		
Live Births:		umber now living	3	-			per now deceased	0		
Other Termination	ns: N	umber of spontaneo				Numb	per of induced termi	-		
Dates of termination	ns (Do no	t include this termin	nation. If more than six (6)	), those most r	ecent.)			U		
			3	4			5	cation(s) of Pregnancy Termination		
Fetus delivered alive		If yes, length of ti	me fetus survived:							
							None			
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
☐ Yes ■	No						☐ Infection	☐ Retained Products		
							Other (Spe	cify)		
Pathological examir performed?	nation	If yes, results:								
☐ Yes ■	No						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?		
Type of Termination Procedures										
Procedure that Term	ninated Pr	regnancy		Ad	dditional Pi	rocedure	e that Terminated P	regnancy		
Medical (Nons					Medical	(Nonsu	rgical) Mifepristor	e		
Medical (Nons) Medical (Nons)					Medical Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	l rify)		
Medical (Surgi	ical) Suct	ion Curettage		I <del>-</del>	l Medical	(Surgic	eal) Suction Curetta	ge		
	ical) Men	strual Aspiration			Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
ivicultur (Burgi	car) Our	л (Бресіду)			] Wedlear	(Buigic	an) Onici (Specify)			
	1)			_		· ·				
For Medical (Surgion	_					_	_	ver the following question.		
	ole or hav	e a post fertilization	age at least 20 weeks?	\	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous ques	stion was	answered yes, comp	lete the following question	ons. If	the previou	is quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [		t opportunity to surv	vive?	1	Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No					
			regnant woman had a con					hat the pregnant woman had a condition		
that required the p woman?	rocedure	to avert death or ser	rious impairment to the pr	C	hat require woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me	enses bega	an	Physicia	an estimate of	gestation (	in week:	s) Post fe	ertilization age of the fetus (in weeks)		
	03/	19/2018			9			7		
How were the gestar  ULTRASOUND	tional age	and post fertilization	on age determined?							
Full name of physic	cian perfo	rming termination								
DR. CAROL DELLINGER										
Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported	to DCS,	if Patient under	16 (month, day, year):					-		
DATE RECEIVI	ED BY 1	SDH (month, day,	vear): 06/13/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	City or to	town, of pregnancy termination  BLOOMINGTON			County of pregnancy termination MONROE				
Patient's age**	Manniad	Date of pregnancy term	ination	Educa	tion				
37	Married ■ Yes □ No	05/24/20		Educa	tion	High Scho	ool Diploma or GED		
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islander Number now living	■ White ☐ Othe		an American		Ethnicit Hisp Not Der now deceased	anic or Latino Hispanic or Latino  Unknown		
Other Termination	Number of spontaneous	us terminations			Numb	per of induced termi	nations 0		
	ns (Do not include this termin	0 ation. If more than six (6	), those mo	ost recent.)			0		
	2	•				5	6		
Fetus delivered alive	J,	me fetus survived:				Complication(s) of Pregnancy Termination			
☐ Yes ■	No					■ None	☐ Uterine Perforation		
Fetus viable?	If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration					
Yes •	· · · · · · · · · · · · · · · · · · ·	reason for termination.				☐ Infection	☐ Retained Products		
						Other (Spe	cify)		
Pathological examin	nation If yes, results:						***		
performed?						Bildi - I d			
les	NO					Yes N	on of pregnancy result in a maternal death?		
		Туре	of Termin	nation Procedur	res				
Procedure that Term	ninated Pregnancy			Additional Pr	ocedure	e that Terminated P	regnancy		
	urgical) Mifepristone			☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	le l		
	urgical) Misoprostol urgical) Other (Specify)			Medical	(Nonsu	rgical) Misoprosto	ify)		
Medical (Surgi	cal) Suction Curettage			☐ Medical	(Surgic	eal) Suction Curetta	ge.		
☐ Medical (Surgi	cal) Menstrual Aspiration			Medical	(Surgic	al) Menstrual Aspi	ration		
Medical (Surgi	cal) Other (Specify)			☐ Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	(Surgica	al) procedures, ansv	ver the following question.		
	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to surv	vive?		Was the fetus given the best opportunity to survive?					
	s for determination that the p	reanant woman had a con	dition	☐ Yes ☐ No  What was the basis for determination that the pregnant woman had a condition					
that required the p	rocedure to avert death or ser			that require			ath or serious impairment to the pregnant		
woman?				woman?					
_									
Date last normal me	onses began 03/14/2018	Physicia	nn estimate	e of gestation (i	in week:	Post fe	ertilization age of the fetus (in weeks) 7		
How were the gestar	tional age and post fertilization	on age determined?		<del>-</del>		<u> </u>	-		
ULTRASOUND									
Full name of physic DR. CAROL DELL	ian performing termination								
	Address of physician performing termination (number and street, city, state, and zip code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
•	to DCS, if Patient under						-		
DATE RECEIVE	ED BY ISDH (month, day,	year):06/13/2018					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421	SOUTH COLLEGE AVENUE,	City or to	own, of pregnand	•	County of pregnancy termination  MONROE				
Patient's age**		Date of pregnancy terr	nination	Educatio	on					
19	Married ☐ Yes ■ N			Educano		ool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Alaska Native n or Other Pacific Islande Number now livin	r	ck or Africa er	[		anic or Latino Hispanic or Latino  Unknown				
Other Termination	Number of spontar	neous terminations			Number of induced term	Number of induced terminations				
		0 mination. If more than six (6	6), those mos	st recent.)		0				
1		3			5	6				
Fetus delivered alive	, , ,	of time fetus survived:			Compli	cation(s) of Pregnancy Termination				
☐ Yes ■	NO				■ None	■ None ☐ Uterine Perforation				
Fetus viable?	If viable, med	ical reason for termination:			Hemorrhag	ge Cervical Laceration				
Yes •	,	rear reason for termination.			☐ Infection	☐ Retained Products				
					☐ Other (Spe	cify)				
Pathological examir	nation If yes, results:									
performed?	No				Did this terminat	Did this termination of pregnancy result in a maternal death?				
	110				Yes N					
	Type of Termination Procedures									
Procedure that Term	ninated Pregnancy			Additional Pro	cedure that Terminated P	regnancy				
Medical (Nons	urgical) Mifepristone			☐ Medical (I	Nonsurgical) Mifepristor	ne				
	urgical) Misoprostol urgical) Other (Specify)				Nonsurgical) Misoprosto Nonsurgical) Other (Spec					
	argical) Other (specify)				tonsurgreaty office (spec	9,7/				
	<ul><li>cal) Suction Curettage</li><li>cal) Menstrual Aspiration</li></ul>	1		☐ Medical (S	Surgical) Suction Curetta Surgical) Menstrual Asp	nge iration				
Medical (Surgi	cal) Other (Specify)			☐ Medical (S	Surgical) Other (Specify)					
For Medical (Surgio	cal) procedures, answer th	e following question.		For Medical (S	urgical) procedures, ansv	wer the following question.				
Was the fetus viab ☐ Yes		tion age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was answered yes, co	omplete the following questi	ons.	If the previous	question was answered y	es, complete the following questions.				
Was the fetus give ☐ Yes [	en the best opportunity to  No	survive?			s given the best opportunities   \text{No}	ity to survive?				
What was the basi	s for determination that the	ne pregnant woman had a co	ndition	What was the	basis for determination	that the pregnant woman had a condition				
		serious impairment to the p		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman:				woman?						
Data 1 1	maga baga:	I m	lon actic	of anotati (	susska) B : C	outilization and of the feture (*				
Date last normal me	01/30/2018	Physici	an estimate	of gestation (in	weeks) Post for	ertilization age of the fetus (in weeks)  10				
	tional age and post fertiliz	zation age determined?								
ULTRASOUND										
E II										
Full name of physic DR. CAROL DELL	ian performing termination INGER	on								
Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
distance =	. B.G. 10= 1	16.								
_		er 16 (month, day, year): _				_				
DATE RECEIVI	ED BY ISDH (month, a	lay, year):06/13/2018				_				

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (MONROE CO.) - 421 SOU	ITH COLLEGE AVENUE,	City or to	own, of pregna  BLOON	County of pregnancy termination  MONROE				
, , ,			<u>i                                      </u>						
Patient's age**	Married	Date of pregnancy term		Educa	tion	Himb O-J	al Dinlama as CED		
Race	☐ Yes ■ No	05/24/20	18			Ethnicity	ol Diploma or GED		
American Indian	n or Alaska Native n or Other Pacific Islander	☐ Asian ☐ Blace ■ White ☐ Other		n American		☐ Hispa	nnic or Latino Hispanic or Latino		
Live Births:	Number now living		J1			per now deceased	-		
Other Termination	Number of spontaneo	us terminations			Numb	per of induced termin	nations 3		
	as (Do not include this termin		), those mo	st recent.)			3		
1. 11/05/2015	2. UNKNOWN	3. <b>04/26/2012</b>	4	l		5Complie	eation(s) of Pregnancy Termination		
Fetus delivered alive	, , ,	me fetus survived:				_	Uterine Perforation		
Fetus viable?	•	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■ I	No			☐ Infection ☐ Retained Products					
							eify)		
Pathological examin performed?	ation If yes, results:								
Yes No							on of pregnancy result in a maternal death?		
						☐ Yes ■ No	)		
		Trus	of Tarmin	ation Procedu	rec				
D 1 (1 (T	or remin			d (T ' 1D					
Procedure that Term	• •					e that Terminated Pr			
						rgical) Mifepriston rgical) Misoprostol	e		
Medical (Nonsu	Medical (Nonsurgical) Other (Specify)					rgical) Other (Spec	ify)		
Medical (Surgio				al) Suction Curetta					
	cal) Menstrual Aspiration cal) Other (Specify)					(al) Menstrual Aspir (al) Other (Specify)	ration		
For Medical (Surgical	al) procedures, answer the fo	llowing question		For Medical (	Surgica	al) procedures, answ	er the following question.		
	-						- 1		
Yes [	le or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	lete the following question	ons.	If the previou	s quest	ion was answered ye	es, complete the following questions.		
Was the fetus given ☐ Yes ☐	n the best opportunity to surding No	vive?			us givei Yes [	n the best opportunit  No	y to survive?		
What was the basis	s for determination that the p	regnant woman had a con	dition	What was tl	ne basis	for determination the	hat the pregnant woman had a condition		
	rocedure to avert death or ser						th or serious impairment to the pregnant		
woman:				woman:					
Date last normal men	nses hegan	Physicia	an estimata	of gestation (i	n wook	y) Post fa	rtilization age of the fetus (in weeks)		
Date last normal file	04/07/2018		commate	7	week	,, Tost le	5		
_	tional age and post fertilization	on age determined?				<u>.</u>			
ULTRASOUND									
Full name of physici	ian performing termination								
DR. CAROL DELL									
	n performing termination (nu	•	te, and zip	code)					
ZUU S. MEKIDIAN	ST, INDIANAPOLIS, IN 4	0223							
**Data Danortad	to DCS if Patient under	16 (month day).							
_	*Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (BLOOMINGTON, IN, 47403	PLANNEĎ PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE,					I	County of pregnancy termination MONROE			
Patient's age**  26  Race	ed □ Yes ■ No	Date of pregnancy term 05/24/20		Educa		High Scho	ool Diploma or GE	D		
American Indian or Alas		☐ Asian ☐ Blac  ■ White ☐ Other		an American	Unknown	☐ Hisp	anic or Latino Hispanic or Latino	Unknown		
	Number now living	0	<u> </u>		Number now		0	Chkhown		
Other Terminations:	Number of spontaneou				Number of inc	duced termi				
Dates of terminations (Do n	ot include this termin	ation. If more than six (6	), those m	ost recent.)						
	2	3		4	5	Compli	cation(s) of Pregnanc	v Termination		
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of ti	me ietus survivea:				None	_	ne Perforation		
					cal Laceration					
Fetus viable?  Yes No	If viable, medical	reason for termination:		Hemorrhage Cervical Lacera						
l les 🗀 140							_	ieu Fioducis		
Pathological examination	If yes, results:					Other (Spec	cify)			
performed?	ii yes, resuits.									
☐ Yes ■ No					Did th			It in a maternal death?		
Γ										
		Type	of Termi	nation Procedur	res					
Procedure that Terminated I	Pregnancy			Additional Pr	ocedure that Te	rminated P	regnancy			
☐ Medical (Nonsurgical)					(Nonsurgical)					
Medical (Nonsurgical) Medical (Nonsurgical)				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
						•				
Medical (Surgical) Succession	ction Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ee			
Medical (Surgical) Me Medical (Surgical) Oth	enstrual Aspiration			☐ Medical	(Surgical) Men (Surgical) Other	strual Aspi	ration			
Wicdical (Surgical) Off	ici (specijy)			Wiedicar	(Surgical) Out	л (Бресцу)				
	-1			FM-4:1/	(C:1)	4				
For Medical (Surgical) proc				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or har ☐ Yes ■ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was	answered yes, compl	lete the following question	ons.	If the previou	s question was	answered y	es, complete the follo	owing questions.		
Was the fetus given the be	est opportunity to surv	rive?			us given the bes	t opportuni	ty to survive?			
☐ Yes ☐ No					Yes No					
What was the basis for det that required the procedure							hat the pregnant won ath or serious impair			
woman?				woman?	•		•	1 0		
Date last normal menses beg	gan //26/2018	Physicia	an estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational ag		on age determined?		••			<del></del>			
ULTRASOUND										
[F1]	. ,									
Full name of physician performance DR. CAROL DELLINGER	-									
Address of physician performance	-		te, and zip	code)						
200 S. MERIDIAN ST, IND	DIANAPOLIS, IN 46	oz25 								
**Date Reported to DCS	S. if Patient under 1	6 (month day year)								
DATE RECEIVED BY							_			

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	D (PPCSI) (N	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or town	n, of pregna	•		County of pregnancy termination MONROE			
D-4:	1		D-tf		F.1	4:-					
Patient's age**  19	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/24/20		Educa	tion	Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		ka Native		k or African A	American		Ethnicity  Hisp	• • •			
Live Births:		amber now living	0	:1			per now deceased	O CHRIOWII			
Other Termination	ns: Nu	umber of spontaneo	<u>-</u>			Numb	per of induced termi	nations			
		t include this termin	oation. If more than six (6	), those most i	recent.)			0			
1	2.		3	4			5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				_ `	cation(s) of Pregnancy Termination			
					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No						☐ Infection ☐ Retained Products				
							☐ Other (Specify)				
Pathological examir performed?	nation	If yes, results:									
Yes •	No							on of pregnancy result in a maternal death?			
							Yes N	0			
			Type	of Termination	on Procedu	res					
Procedure that Terminated Pregnancy					dditional Pi	ocedure	e that Terminated P	regnancy			
Medical (Nonsurgical) Miserproted					Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	e			
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)					Medical	(Nonsu	rgical) Other (Spec	ify)			
Medical (Surgi							cal) Suction Curetta				
☐ Medical (Surgi ☐ Medical (Surgi		strual Aspiration er (Specify)			Medical Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration			
	, , , , , ,	(-1-33)				(	(-1				
F M-4:1 (C	1)	1 41 - f-	11		M - 4:1	(C:-	-1) 4				
For Medical (Surgio	_					_	_	ver the following question.			
	ole or have	e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	stion was a	answered yes, comp	lete the following question	ons. If	the previou	is quest	ion was answered y	es, complete the following questions.			
		t opportunity to surv	vive?	,			n the best opportuni	ty to survive?			
☐ Yes [	_					Yes [	_				
			regnant woman had a contious impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				,	woman?						
Date last normal me	_	an KNOWN	Physicia	an estimate of	gestation (i	in week.	Post fe	ertilization age of the fetus (in weeks)  6			
How were the gesta			on age determined?		<u> </u>			•			
ULTRASOUND											
Full name of physic DR. CAROL DELL	_	rming termination									
		ning termination (nu	mber and street, city, stat	te, and zip coa	le)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225								
**Date Reported	to DCS,	if Patient under	16 (month, day, year):					_			
DATE RECEIVI	ED BY I	SDH (month, day,	vear): 06/13/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (N	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termina	ation		County of pregnancy termination  MONROE		
Patient's age**	Marrie	d	Date of pregnancy term	nination	Educa	tion					
23		Yes No	05/24/20				Hi		ol Diploma	or GEI	)
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other		an American	Unknov		Not I	7 anic or Latino Hispanic or La	tino	Unknown
Live Births:			0			Number of			0		
Other Termination	13.	umber of spontaneou	0	`\ .1		rumber of	i iiidu	iced termi	0		
1	1S ( <i>Do no</i> 2		ation. If more than six (6				5			6	
Fetus delivered alive	e?	If yes, length of ti						Complie	cation(s) of Pro	egnancy	y Termination
☐ Yes ■	No				■ None ☐ Uterine Perforation						e Perforation
							□ н	lemorrhag	e 🗆	Cervic	cal Laceration
Fetus viable?	No	If viable, medical	reason for termination:				□ Ir	nfection	П	Retain	ed Products
							Other (Specify)				
Pathological examin	nation	If yes, results:					_	шсі (Брес	, y )		
performed?		ii yes, resuits.									
☐ Yes ■	No						d this   Yes			cy resul	t in a maternal death?
		•				, =					
			Туре	e of Termi	nation Procedur	res					
Procedure that Term		Additional Pr		t Terr	ninated P	regnancy					
☐ Medical (Nonst		☐ Medical	(Nonsurgica	al) M	lifenriston	e					
☐ Medical (Nonsu ☐ Medical (Nonsu			(Nonsurgica (Nonsurgica	al) M	isoprosto	1					
Medical (Nolls)	urgicar)	Other (specify)			Wiedicai	(Ivolisuigica	ai) O	tilei (Spec	<i>(</i> 1, y)		
<u></u>											
■ Medical (Surgion Med		ion Curettage strual Aspiration				(Surgical) S (Surgical) I					
Medical (Surgio						(Surgical)					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (	(Surgical) pr	rocedi	ures, answ	er the following	ng ques	etion.
Was the fetus viab ☐ Yes [		e a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous quest	tion was	answered yes, compl	lete the following question	ons.	If the previou	s question w	was ar	nswered y	es, complete th	ne follo	wing questions.
		t opportunity to surv	ive?					opportuni	ty to survive?		
Yes [	_ No				' ' '	Yes  N	Ю				
			regnant woman had a cor ious impairment to the pr								nan had a condition ment to the pregnant
woman?				Ü	woman?	1				1	1 2
					1						
Date last normal me	_		Physicia	an estimat	e of gestation (i	n weeks)		Post fe	rtilization age		fetus (in weeks)
How were the gestat		18/2018 e and post fertilization	on age determined?		10					8	
ULTRASOUND											
Full name of physics	_	rming termination									
DR. CAROL DELL Address of physician		ning termination (nu	mber and street, city, star	te, and zir	code)						
200 S. MERIDIAN				, оф							
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):						_		
DATE RECEIVE	ED BY 1	ISDH (month, day,	year): 06/13/2018						_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (N	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or town	of pregna	•		County of pregnancy termination MONROE			
D-41 - 22 - 20-20			D-4- C		F1	4:-					
Patient's age** 28	Marrie	d ☐ Yes ■ No	Date of pregnancy term 05/24/20		Educa	tion	Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	k or African A	merican		ıknown 🔳 Not l	y anic or Latino Hispanic or Latino Unknown			
Live Births:	N	umber now living	1			Numb	per now deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations 2			Numb	per of induced termi	nations 0			
Dates of termination		t include this termin	ation. If more than six (6)		ecent.)			,			
Fetus delivered alive			me fetus survived:	4			5	cation(s) of Pregnancy Termination			
☐ Yes ■	No	<b>3</b> , <b>3</b>					■ None	☐ Uterine Perforation			
							Hemorrhag	e Cervical Laceration			
Fetus viable?  Yes	No	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
	110										
Pathological examir	nation	If yes, results:					Other (Spec	cify)			
performed?		ii yes, iesuits.									
☐ Yes ■	No						Did this terminati  ☐ Yes ■ N	on of pregnancy result in a maternal death?			
			Type	of Terminatio	n Procedu	res					
Procedure that Terminated Pregnancy					ditional Pı	ocedure	e that Terminated P	regnancy			
	Medical (Nonsurgical) Mifepristone					(Nonsu	rgical) Mifepriston	e			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					Medical Medical	(Nonsu (Nonsu	urgical) Misoprosto	l ify)			
	,										
Medical (Surgi	cal) Suct	tion Curettage		<del></del>	Medical	(Surgic	cal) Suction Curetta	ge .			
☐ Medical (Surgi	cal) Mer	strual Aspiration			Medical	(Surgic	cal) Menstrual Aspi	ration			
Medical (Surgi	cai) Otno	er (Specify)			Medicai	(Surgic	cal) Other (Specify)				
For Medical (Surgion	cal) proce	dures, answer the fo	llowing question.	For	r Medical (	Surgica	al) procedures, answ	ver the following question.			
	ole or hav	e a post fertilization	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous ques	tion was	answered yes, comp	lete the following question	ons. If t	he previou	s quest	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [		t opportunity to surv	vive?	v		us givei Yes [	n the best opportuni	ty to survive?			
		ermination that the n	regnant woman had a con	ndition V	_	_	_	hat the pregnant woman had a condition			
			ious impairment to the pr	regnant th				ath or serious impairment to the pregnant			
woman:				"	oman:						
Date last normal me	enses beg	an	Physicia	an estimate of g	gestation (i	n week	s) Post fe	ertilization age of the fetus (in weeks)			
	03/	15/2018			7		,	5			
How were the gestar  ULTRASOUND	tional age	e and post fertilization	on age determined?								
JETHAGOGIAD											
Full name of physic	ian perfo	rming termination									
DR. CAROL DELL	INGER				`						
Address of physicia 200 S. MERIDIAN	-	-	mber and street, city, stat <b>5225</b>	e, and zip code	?)						
**Date Reported	Date Reported to DCS, if Patient under 16 (month, day, year):										
DATE RECEIVI	ED BY 1	ISDH (month. day.	vear): 06/13/2018								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403	City or town, o	of pregnar	•		County of pregnancy termination MONROE				
Defined a sett									
Patient's age**  Married  Yes No Date of pregnancy term  05/24/20		Educat	10 <b>n</b>	Some Co	ollege, No Degree				
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Mhite Othe	k or African Am	nerican	☐ Unl	Ethnicity  Hispa	anic or Latino  Hispanic or Latino				
Live Births:  Number now living  0	<u> </u>			er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numbe	er of induced termi	-				
Dates of terminations (Do not include this termination. If more than six (6)	), those most rec	ent.)			0				
1	4			5	cation(s) of Pregnancy Termination				
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:				_					
		■ None ☐ Uterine Perforation							
Fetus viable? If viable, medical reason for termination:				Hemorrhage Cervical Laceration					
☐ Yes ■ No				☐ Infection ☐ Retained Products					
				Other (Spec	cify)				
Pathological examination performed?  If yes, results:									
☐ Yes ■ No				Did this termination Yes No	on of pregnancy result in a maternal death?				
Туре	e of Termination	Procedur	es						
Procedure that Terminated Pregnancy	Addi	itional Pr	ocedure	that Terminated Pr	regnancy				
Medical (Nonsurgical) Mifepristone     Medical (Nonsurgical) Misoprostol		Medical	(Nonsur	gical) Mifepriston gical) Misoprostol	e				
Medical (Nonsurgical) Other (Specify)		Medical	(Nonsur	gical) Other (Spec	ify)				
☐ Medical (Surgical) Suction Curettage				l) Suction Curetta					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Medical Medical	(Surgica (Surgica	<ul><li>d) Menstrual Aspir</li><li>d) Other (Specify)</li></ul>	ration				
- "									
For Medical (Surgical) procedures, answer the following question.		Medical (	Surgical	) procedures answ	ver the following question.				
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No							
If the previous question was answered yes, complete the following question	ons If the	☐ Yes ☐ No  If the previous question was answered yes, complete the following questions.							
Was the fetus given the best opportunity to survive?			•	the best opportunit					
Yes No	""		es [		y to survive:				
What was the basis for determination that the pregnant woman had a con					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairment to the pr woman?	U	it required man?	i the pro	cedure to avert dea	nth or serious impairment to the pregnant				
	an estimate of ge		n weeks,	Post fe	rtilization age of the fetus (in weeks)				
04/01/2018  How were the gestational age and post fertilization age determined?		6			4				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, stat	te, and zip code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS if Patient under 16 (march, Jan. 1997)									
DATE RECEIVED BY ISDH (month, day, year): 06/13/2018	Date Reported to DCS, if Patient under 16 (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•		County of pregnancy termination MONROE		
Patient's age**	Marriad	Date of pregnancy term	ination	Educa	tion				
24	Married  Yes No	05/24/201		Lauca			ociate Degree		
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Othe		n American			nnic or Latino Hispanic or Latino		
Live Births:	, and the same of	3				per of induced termi	0 nations		
Other Termination		0			Nullio	ber of induced termi	0		
Dates of termination	ns (Do not include this termin	ation. If more than six (6,				5	6		
Fetus delivered alive		me fetus survived:		·		Complic	cation(s) of Pregnancy Termination		
☐ Yes ■	, ,					■ None	☐ Uterine Perforation		
						— Hemorrhag	e Cervical Laceration		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:					_		
☐ Yes ■	No					☐ Infection	Retained Products		
						Other (Spec	ify)		
Pathological examin performed?	nation If yes, results:								
☐ Yes ■	No						on of pregnancy result in a maternal death?		
						Yes N	)		
		Туре	of Termin	ation Procedu	es				
Procedure that Term		Additional Pr	ocedure	e that Terminated Pr	egnancy				
Medical (Nons)	urgical) Mifepristone			☐ Medical	(Nonsii	rgical) Mifepriston	p.		
Medical (Nonsi	urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprostol			
Medical (Nonsi	urgical) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)					
	cal) Suction Curettage cal) Menstrual Aspiration			☐ Medical ☐ Medical	(Surgic	al) Suction Curetta	ge		
	cal) Other (Specify)		☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	eal) procedures, answer the fo	llowing question.		For Medical (	Surgica	al) procedures, answ	er the following question.		
	le or have a post fertilization				_	_	ilization age at least 20 weeks?		
Yes [		age at reast 20 weeks.			Yes [		means age at reast 20 weeks?		
If the previous quest	tion was answered yes, comp	lete the following questio	ns.	If the previou	s questi	ion was answered ye	es, complete the following questions.		
	n the best opportunity to surv	vive?				the best opportunit	y to survive?		
☐ Yes [	No			□ Y	Yes [	No			
	s for determination that the p rocedure to avert death or ser						hat the pregnant woman had a condition the or serious impairment to the pregnant		
woman?	roccdure to avert death of ser	ious impuniment to the pr	Cgnant	woman?	a the pr	occurre to avert det	an or serious impairment to the pregnant		
Date last normal me	enses began	Physicia	n estimate	of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)		
How recent	04/08/2018	on ago data-main 10		7			5		
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?							
Full name of physic	ian performing termination								
DR. CAROL DELL	INGER								
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip	code)					
**Date Reported	to DCS, if Patient under	6 (month day year)							
•							-		
DATE RECEIVI	ED BY ISDH (month, day,	year):					_		

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or t	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy termination  MONRO				
Patient's age**		Date of pregnancy term	ination	Educa	tion			
24	Married ☐ Yes ■ No	05/24/20		Educa	uon	Some Co	ollege, No Degree	
	n or Alaska Native n or Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Othe		an American			anic or Latino  Hispanic or Latino   Unknown	
Live Births:	ŭ	0					0	
Other Termination		0			Numb	per of induced termi	nations 0	
Dates of termination	ns (Do not include this termin	ation. If more than six (6)				5	4	
Fetus delivered alive	1	me fetus survived:		+		Compli	cation(s) of Pregnancy Termination	
Yes •	, ,	Total garvivea.				■ None	☐ Uterine Perforation	
							_	
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				☐ Hemorrhag	_	
☐ Yes ■	No					☐ Infection	☐ Retained Products	
						Other (Spec	cify)	
Pathological examin performed?	nation If yes, results:							
☐ Yes ■	No						on of pregnancy result in a maternal death?	
						☐ Yes ■ N	0	
		Туре	of Termin	nation Procedur	res			
Procedure that Term	ninated Pregnancy					e that Terminated Pr	regnancy	
Medical (Nonsi	urgical) Mifepristone urgical) Misoprostol			Medical	(Nonsu	rgical) Misoprosto	l	
Medical (Nonsi	urgical) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spec	ify)	
Medical (Surgio		Medical	(Surgic	al) Suction Curetta	ge			
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration	
For Medical (Surgic	cal) procedures, answer the fo	llowing question		For Medical (	Surgica	al) procedures, answ	ver the following question.	
						_		
Was the letus viab	ble or have a post fertilization  ☐ No	age at least 20 weeks?			res [		tilization age at least 20 weeks?	
If the previous quest	tion was answered yes, comp	lete the following question	ns.	If the previou	s questi	ion was answered y	es, complete the following questions.	
Was the fetus give	en the best opportunity to surv	vive?		Was the fet	us giver	n the best opportuni	ty to survive?	
☐ Yes [					Yes [		,	
	s for determination that the p						hat the pregnant woman had a condition	
woman?	rocedure to avert death or ser	ious impairment to the pr	egnant	woman?	u ine pr	ocedure to avert dea	ath or serious impairment to the pregnant	
Date last normal me	enses began	Physicia	ın estimate	e of gestation (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)	
	03/24/2018			7			5	
How were the gestar  ULTRASOUND	tional age and post fertilization	on age determined?						
- TANGOOND								
Full name of physic	ian performing termination							
DR. CAROL DELL	INGER							
	n performing termination (nu ST, INDIANAPOLIS, IN 4		e, and zip	code)				
200 J. WERIDIAN	OT, HADIANAFULIS, IN 4							
**Dot- D-	to DCG if D-4:- / 1	16 (mand 1						
•	to DCS, if Patient under						_	
DATE RECEIVE	ED BY ISDH (month, day,	<i>year</i> ):06/14/2018					_	

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	) (PPCSI) (MONROE CO.) - 421 SOL	JTH COLLEGE AVENUE,	City or town, of pregnancy termination  BLOOMINGTON  County of pregnancy terminat  MONROE						
			I .						
Patient's age**	Married	Date of pregnancy term		Educa	tion				
27	☐ Yes ■ No	05/24/20	18				ter's Degree		
Race American Indian			k or Africa	n American			anic or Latino		
☐ Native Hawaiiar	n or Other Pacific Islander Number now living	■ White □ Othe	er			known Not loer now deceased	Hispanic or Latino Unknown		
Live Births:		0					0		
Other Termination	Number of spontaneo	us terminations 0			Numl	per of induced termi	nations 0		
Dates of termination	ns (Do not include this termin	nation. If more than six (6		st recent.)		5	6		
Fetus delivered alive		ime fetus survived:	4.			Compli	cation(s) of Pregnancy Termination		
Yes •	, ,	ine retus sur viveu.				■ None	☐ Uterine Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e		
☐ Yes ■	No			☐ Infection ☐ Retained Products					
						☐ Other (Specify)			
Pathological examin	nation If yes, results:								
performed?						D:141 /			
☐ Yes ■	INO					Yes N	on of pregnancy result in a maternal death?		
	·								
		Туре	of Termina	ation Procedu	res				
Procedure that Term		Additional Pr	ocedur	e that Terminated P	regnancy				
<ul> <li>Medical (Nonsu</li> </ul>	urgical) Mifepristone urgical) Misoprostol			■ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto			
Medical (Nonsu	Medical (Nonsurgical) Other (Specify)					rgical) Other (Spec	ify)		
Medical (Surgio		☐ Medical	(Surgio	eal) Suction Curetta	ge ge				
	cal) Menstrual Aspiration cal) Other (Specify)			☐ Medical	(Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration		
iviedicai (Suigi	car) Other (specify)			Wiedicai	(Surgic	ai) Oulei (Specify)			
For Medical (Surgic	cal) procedures, answer the fo	ollowing question.		For Medical	(Surgica	al) procedures, ansv	ver the following question.		
Was the fetus viab	ole or have a post fertilization  No	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No					
If the previous quest	tion was answered yes, comp	olete the following question	ons.	If the previou	ıs quest	ion was answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [	en the best opportunity to sur  No	vive?			us givei Yes [	n the best opportuni  No	ty to survive?		
	s for determination that the p	regnant woman had a ser	dition	_	_	<del>_</del>	hat the pregnant woman had a condition		
that required the p	s for determination that the procedure to avert death or set			that require			nat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?				woman?					
Date last normal me	enses began	Physicia	an estimate	of gestation (i	in week.	s) Post fe	rtilization age of the fetus (in weeks)		
	04/01/2018	-		7			5		
_	tional age and post fertilization	on age determined?							
ULTASOUND									
Γ = 4									
Full name of physics  DR. CAROL DELL	ian performing termination								
	n performing termination (nu	ımber and street, city, sta	te, and zip c	ode)					
	ST, INDIANAPOLIS, IN 4	•	-1	•					
**Dota Da	to DCS if Dations	16 (							
_	to DCS, if Patient under						_		
DATE RECEIVE	ED RV ISDH (month day	vear). UO/14/2018							

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN	City or to	own, of pregna	y termination					
Patient's age**  30  Married  Yes  No  Date of pregnar	ncy termination 5/09/2018	Educa	tion	Some Co	ollege, No Degree			
Race ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ■ White	☐ Black or Africa	nn American	Unknow	n Not I	/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births: Number now living 3			Number no	w deceased	0			
Other Terminations: Number of spontaneous terminations 0			Number of	induced termi	nations 0			
Dates of terminations (Do not include this termination. If more that	an six (6), those mo	st recent.)						
Fetus delivered alive?  2. 3. 3. If yes, length of time fetus survived	4 4	l		5	cation(s) of Pregnancy	Termination		
Yes No	1.			_		e Perforation		
				_	_	al Laceration		
Fetus viable? If viable, medical reason for termin	nation:			] Hemorrhag	_			
☐ Yes ■ No				Infection	☐ Retain	ed Products		
				Other (Spec	cify)			
Pathological examination performed?								
☐ Yes ■ No					on of pregnancy resul	t in a maternal death?		
			<u>  U</u>	Yes I N	υ			
	Type of Termin	ation Procedu	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that	Terminated Pr	regnancy			
☐ Medical (Nonsurgical) Mifepristone				l) Mifepriston				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				l) Misoprosto l) Other (Spec				
a seeman (seeman geem) a mar (aparagy)			(- 13-13-11-8-1-11	, (~ <sub>F</sub>	357			
EMP 10 : Darie Cur			(0 : 1) 0	· · · · · ·				
Medical (Surgical) Suction Curettage     Medical (Surgical) Menstrual Aspiration		Medical	(Surgical) N	uction Curetta Ienstrual Aspi	ge ration			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) C	Other (Specify)				
For Medical (Surgical) procedures, answer the following question.		For Medical (	Surgical) pro	ocedures, answ	ver the following ques	tion.		
Was the fetus viable or have a post fertilization age at least 20 w  ☐ Yes ■ No	eeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous question was answered yes, complete the following	g questions.	If the previou	s question w	as answered y	es, complete the follow	wing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the l	pest opportuni	ty to survive?			
What was the basis for determination that the pregnant woman h					hat the pregnant wom			
that required the procedure to avert death or serious impairment woman?	to the pregnant	that require woman?	d the procedu	ire to avert dea	nth or serious impairm	ent to the pregnant		
Date last normal menses began	Physician estimate	of gastation (	n wooke)	Dogt fo	rtilization age of the f	etus (in waaks)		
Date last normal menses began 02/07/2018	i nysician estilliate	6 <b>6</b>	n weeks)	rost le	runzation age of the f	cias (iii weeks)		
How were the gestational age and post fertilization age determined <b>ULTRASOUND</b>	1?			<b>'</b>				
			_					
Full name of physician performing termination DR. CASANDRA CASHMAN								
Address of physician performing termination (number and street,	city, state, and zip	code)						
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to DCS, if Patient under 16 (month, day, y	ear):				_			
DATE RECEIVED BY ISDH (month, day, year):								

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A INDIANA UNIVERSITY HE INDIANAPOLIS, IN, 46202	ALTH MET	'HODIST HOSPITAL - 170	1 SENATE AVE.,	City or t	town, of pregna	ncy termination	n	County of pregnand	cy termination		
Patient's age**	Marrie	ed I	Date of pregnancy term	nination	Educa	tion					
17		Yes No	05/10/20 <sup>-</sup>	18				th, No Diploma			
Race American Indian Native Hawaiian	or Othe		Asian Blac White Othe		an American	Unknown Number now	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber of spontaneou	0 us terminations			Number of in		0 inations			
Other Termination	15.		ation. If more than six (6	) those m	ost recent )	Trumber of m		0			
1	2		3		4 5 6						
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No					■	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable medical	reason for termination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No						☐ Infection ☐ Retained Products				
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?  • Yes	No	POC				Did th	is terminati	on of pregnancy resu	It in a maternal death?		
					Yes No						
			_	6.77							
			Туре	of Termi	nation Procedur						
Procedure that Term	regnancy			Additional Pr	rocedure that Te	erminated P	regnancy				
■ Medical (Nonsu ■ Medical (Nonsu					(Nonsurgical) (Nonsurgical)						
Medical (Nonsu	ırgical)	Other (Specify)			☐ Medical	(Nonsurgical)	nsurgical) Other (Specify)				
Medical (Surgio		tion Curettage				(Surgical) Suc (Surgical) Me					
Medical (Surgio						(Surgical) Oth					
					CERVICAL RIF	PENING BALLOO	N				
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (	(Surgical) proce	edures, ansv	ver the following que	stion.		
Was the fetus viab ☐ Yes [		re a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No						
If the previous quest	ion was	answered yes, compl	ete the following questio	ons.	If the previou	is question was	answered y	es, complete the follo	owing questions.		
Was the fetus give		st opportunity to surv	ive?			us given the bea	st opportuni	ty to survive?			
		armination that the ne	egnant woman had a con	dition	_	_	armination t	that the pregnant won	an had a condition		
that required the pr			ous impairment to the pr		that require			ath or serious impair			
woman?					woman?						
Date last normal me	nses bas	an	Dhyginia	an estimat	e of gestation (i	in weeks)	Post f	ertilization age of the	fetus (in weeks)		
	12/	12/2017		cominat	21	weeks)	rost I	19	ious (in weeks)		
How were the gestat	ional ag	e and post fertilization	n age determined?	_							
US											
Full name of physici	ian perfo	rming termination									
DR. HUA MENG											
Address of physician 720 ESKENAZI AV	•		nber and street, city, stat I <b>46202</b>	te, and zip	code)						
		· · · · · · · · · · · · · · · · · · ·									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 07/05/2018					_			

DATE RECEIVED BY ISDH (month, day, year): \_\_\_\_\_07/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

						. ,					
Facility Name and Add SIDNEY AND LOIS ESKENA	dress Zi Hospital - 720 Eskenazi A	AVE, INDIANAPOLIS,	IN, 46202	City or t	town, of pregn	ancy ter			County of pregnar	ncy termination  ARION	
The second second		T D			T = -						
26	Married ☐ Yes ■ No	Date of pregna	ancy term 05/15/20		Educ	ation			ollege, No Degree	<b>)</b>	
Race American Indian o Native Hawaiian o	r Other Pacific Islander	☐ Asian ☐ White	■ Blac		an American		nknown	■ Not	y anic or Latino Hispanic or Latino	Unknown	
Live Births:	Number now living	3				Numl	ber now d	eceased	0		
Other Terminations:		1				Numl	ber of indu	uced termi	inations 2		
Dates of terminations	(Do not include this termi	nation. If more th 3. <b>2017</b>	nan six (6	o), those m	ost recent.)  4		5		6		
Fetus delivered alive?	, ,	time fetus survive	ed:					Compli	cation(s) of Pregnan	cy Termination	
							■ N	None	☐ Uteri	ine Perforation	
Fetus viable?	If viable, medica	l reason for term	ination:		Hemorrhage Cervical Laceration					ical Laceration	
☐ Yes ■ No							☐ Infection ☐ Retained Products				
								Other (Spe	cify)		
Pathological examinat performed?	ion If yes, results:										
Yes No	POC						Did this			ult in a maternal death?	
			Туре	e of Termi	nation Procedu						
Procedure that Terminated Pregnancy					Additional F	Procedur	e that Ter	minated P	regnancy		
	gical) Mifepristone gical) Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
	gical) Other (Specify)							Other (Spec			
	Suction Curettage     Menstrual Aspiration				☐ Medica	l (Surgio	cal) Sucti	on Curetta strual Aspi	ige iration		
Medical (Surgical)								r (Specify)			
D&E											
For Medical (Surgical)	) procedures, answer the f	ollowing question	n.		For Medical	(Surgical	al) proced	lures, ansv	ver the following que	estion.	
	or have a post fertilization No	n age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No						
If the previous questio	n was answered yes, com	plete the followin	ng questic	ons.	If the previo	us quest	ion was a	nswered y	es, complete the foll	owing questions.	
Was the fetus given □ Yes □	the best opportunity to sur No	rvive?				tus giver Yes [		opportuni	ty to survive?		
What was the basis f	or determination that the	pregnant woman	had a cor	ndition	What was	the basis	s for deter	mination t	that the pregnant wo	man had a condition	
that required the proc woman?	cedure to avert death or se	rious impairmen	t to the pi	regnant	that require woman?	ed the pr	rocedure t	o avert de	ath or serious impair	rment to the pregnant	
L					<u> </u>						
Date last normal mens	es began 01/29/2018		Physicia	an estimate	e of gestation (	(in week	s)	Post fe	ertilization age of the		
How were the gestatio	nal age and post fertilizati	ion age determine	ed?								
<u>I</u>											
Full name of physician DR. HUA MENG	n performing termination										
	performing termination (na. F3, INDIANAPOLIS, I		, city, sta	te, and zip	code)						
120 LONLINAZI AVE	, INDIANAFOLIS, I	70202									
**Date Reported to	DCS, if Patient under	16 (month, day,	vear):						_		